MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 130

02783

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Nr. Adamstown
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 10

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or town Nr. Adamstown
(If outside city or town limits, write RURAL and give town)
(d) Street No. Adamstown R.D.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Mrs. Daisy Virginia Ausherman

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: M. Keefer Ausherman

6. (c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): March 20, 1881

8. **AGE:** Years: 58 | Months: 0 | Days: 11 | If less than one day: ____hr. ____min.

9. Birthplace: Near Urbana, Fred., Md.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Jacob Haller
13. Birthplace: Fred. Co., Md.

MOTHER
14. Maiden Name: Lilly Johnson
15. Birthplace: Fred. Co., Md.

16 (a) Informant: Mr. Melvin K. Ausherman,
(b) Address: Adamstown, Md. R. D.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/3/39 (month) (day) (year)
(c) Cemetery or crematory: Pleasant Hill
Location: Monrovia, Md.

18 (a) Funeral director: M. R. Etchison & Son
(b) Address: Frederick, Md.

19 (a) April 1-1939 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death March 31st., 1939, at 8.10A M

21. I certify that death occurred on the date above stated; that I attended deceased from July 10 1935, to March 31 1939, and that I last saw him alive on March 31 1939.

Immediate cause of death	Duration
Hypertensive heart disease	5 yrs (?)
Due to	
Due to	
Other conditions: Cerebral hemorrhage	5 mos.

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Charles H. Cordley Jr. M.D.
M. D. or other

Address Buckeystown, Md. Date signed 3/31/39.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 14-0 02784

CERTIFICATE OF DEATH (131)

VS. A15 (T)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town LeGore (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town LeGore (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME Lettie Elizabeth Barrick

3 (b) If veteran, name war —
3 (c) Social Security No.

4. Sex F. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife James L. Barrick
6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Feb. 3. 1871

8. AGE: Years 68 | Months 1 | Days 18 | If less than one day ——hr. ——min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation House wife

11. Industry or business —

FATHER 12. Name John Meisinger
13. Birthplace Md.

MOTHER 14. Maiden Name Julia Ann Harrison
15. Birthplace Fredk. Co. Md.

16 (a) Informant Mrs. Howard Ecker
(b) Address LeGore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 23. 1939 (month) (day) (year)
(c) Cemetery or crematory Oak Hill
Location LeGore, Md.

18 (a) Funeral director Powell & Abaugh
(b) Address Woodsboro Md.

19 (a) Mar 23 39 (Date rec'd by registrar) (b) L C Powell Registrar

MEDICAL CERTIFICATION

20. Date of death March 21 1939, at 11.30 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. 18 1939, to Mch 21 1939, and that I last saw him alive on Mch. 21 1939.

Immediate cause of death	Duration
Chronic Brights	
Due to	
Due to	
Other conditions Weak Heart	

(Include pregnancy within 3 months of death)

Major findings:
Of operations non
Of autopsy no

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ✓
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury none

23. Signature C. A. Stultz M. D. or other
Address Woodsboro Md. Date signed 3-21-39

RECEIVED
APR 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

(23)

02785

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium. Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
State Sanatorium.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Yr. 2Mos 7Days

(e) Length of stay in this community (yrs., mos., or days) _____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland. (b) County _____

(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 1352 Andre. St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** August F. Bauerle

3 (b) If veteran, name war _____

3 (c) Social Security No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Oct. 25 1913

8. AGE: Years 25 | Months 4 | Days 16 | If less than one day _____ hr. _____ min.

9. Birthplace Baltimore. Maryland.
(Town, county, and state)

10. Usual occupation Book-keeper

11. Industry or business _____

FATHER
12. Name Charles Bauerle
13. Birthplace Germany

MOTHER
14. Maiden Name Barbara Distler
15. Birthplace Germany

16 (a) Informant August F. Bauerle
(b) Address Baltimore. Md.

17 (a) Balto. Md. (Burial, cremation, or removal) (b) Date thereof Mar 14 1939 (month) (day) (year)
(c) Cemetery or crematory Ceder Hill Cem.
Location Baltimore. Md.

18 (a) Funeral director Mr. Leimback
(b) Address Baltimore Md.

19 (a) 3/14/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death March 11 1939 at 6.50 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan. 3 1938, to Mar 11 1939, and that I last saw him alive on Mar 10 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1Yr 8Mos
Due to Tubercle Bacilli	
Due to _____	
Other conditions Tuberculous Peritomitis (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____
(e) Means of injury _____

23. Signature Stewart S. Shaffer M. D. or other

Address State Sanatorium md Date signed 3/11/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
MAR 27 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

23

02786

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium. Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 6Mos 1Day

(e) Length of stay in this community (yrs., mos., or days) ____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County ____

(c) City or town Baltimore.
(If outside city or town limits, write RURAL and give town)

(d) Street No. 23 S. Washington, St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Elmer T. Beyer.

3 (b) If veteran, name war ____

3 (c) Social Security No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife ____

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Nov. 20 1914

8. AGE: Years 24 | Months 3 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Baltimore, Maryland.
(Town, county, and state)

10. Usual occupation Floor-Scrapper

11. Industry or business ____

FATHER
12. Name John C. Beyer
13. Birthplace Baltimore. Md.

MOTHER
14. Maiden Name Grace Thomas
15. Birthplace Baltimore. Md.

16 (a) Informant Elmer T. Beyer
(b) Address Baltimore. Md.

17 (a) Balto. Md. (Burial, cremation or removal) (b) Date thereof Mar 14 1939 (month) (day) (year)

(c) Cemetery or crematory Baltimore. Cem.
Location Baltimore. Md.

18 (a) Funeral director M. L. Creager
(b) Address Thurmont, Md.

19 (a) 3/14/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death March 11 1939, at 2.40 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 10 1938, to Mar 11 1939, and that I last saw him alive on Mar 10 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	1Year
Due to	
Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ____

(b) Date of occurrence ____

(c) Where did injury occur? ____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____

(e) Means of injury ____

23. Signature Stewart D. Shaffer M. D. or other

Address State Sanatorium md. Date signed 3/11/39

RECEIVED
MAR 16 1939
BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 140

(131)

CERTIFICATE OF DEATH

02787

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Woodsboro (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 40 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Woodsboro (If outside city or town limits, write RURAL and give town)
(d) Street No. (If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Harry Edgar Bohn

3 (b) If veteran, name war —

3 (c) Social Security No. 212-14-7152

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Married

6 (b) Name of husband or wife Norma V. Pettinger

6. (c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.) Aug. 26. 1871

8. AGE: Years	Months	Days	If less than one day
67	6	10	____hr. ____min.

9. Birthplace Frederick Co. Md. (Town, county, and state)
10. Usual occupation Mill-wright
11. Industry or business Flour mill

FATHER
12. Name Daniel Bohn
13. Birthplace Md.

MOTHER
14. Maiden Name Mary Eakins
15. Birthplace Md.

16 (a) Informant Mrs. Harry E. Bohn
(b) Address Woodsboro Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 9. 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Hope
Location Woodsboro Md.

18 (a) Funeral director Buxell & Albaugh
(b) Address Woodsboro Md.

19 (a) Mar. 8. 1939 (Date rec'd by registrar) (b) L. C. Powell Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 6 1939, at 8.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1938, to Mar 6 1939, and that I last saw him alive on Mar 5 1939.

Immediate cause of death	Duration
Coronary Occlusion	5 Min.
Due to Hypertension and arteriosclerosis	3 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature L. L. Eastaday M. D. or other
Address Walkersville, Md. Date signed Mar 7, 39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 3 1930

STATE OF MARYLAND—CERTIFICATE OF DEATH

02788

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Frederick Outside (82-a) Registration Dist. No. 131

Village or City Montevue No Emergency Hospital, Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 11 yrs. 4 mos. 14 ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles H. Boyd. If U. S. Veteran, specify WAR World War

(a) Residence: No. Brunswick Fred. Co. Md. Ward. Brunswick, Md.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Unknown

5a. If married, widowad, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) March 1st, 1856

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	83	0	4	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Laborer.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupetion (month end year) 1927

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland.

FATHER

13. NAME Batal Boyd.

14. BIRTHPLACE (city or town) (State or country) Md.

MOTHER

15. MAIDEN NAME Ellen Leopold

16. BIRTHPLACE (city or town) (State or country) Md.

17. INFORMANT Miss Adelberger Emergency Hospital

(Address) Frederick City Co. Md.

18. BURIAL, CREMATION, OR REMOVAL Frederick Co. Md.

Place Montevue Cem. Date 3/6/39., 19

19. UNDERTAKER Conrad Funeral Home

(Address) Frederick. Md.

20. FILED 6- Mch. 1939 J. M. Leudy

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 5, 1939, to March 5, 1939

I last saw h. alive on March 5, 1939; death is said to have occurred on the date stated above, at 3 30 p.m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Months 39
Other **Contributory Causes** of Importance:	
Arteriosclerosis	1930

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of Injury —, 19—

Where did injury occur? (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury —

Nature of injury —

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify —

(Signed) B. D. Thomas M. D.

(Address) Frederick, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (97)

Reg. Dist. No. 140

CERTIFICATE OF DEATH

02789

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town LeGore
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 30 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town LeGore
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? —— years

3 (a) FULL NAME George H. Brandenburg

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex M. | 5. Color or race W. | 6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Anna V. Fitez

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Aug. 20, 1871

8. AGE: Years 67 | Months 6 | Days 27 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Blacksmith

11. Industry or business

FATHER
12. Name Geo. H. Brandenburg
13. Birthplace Md.

MOTHER
14. Maiden Name — Cordiman
15. Birthplace —

16 (a) Informant Mrs. Geo. H. Brandenburg
(b) Address LeGore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 20. 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt Zion
Location Fredericksburg Md.

18 (a) Funeral director Powell & Altaugh
(b) Address Woodsboro Md.

19 (a) Mar. 20. 1939 (Date rec'd by registrar) (b) L C Powell Registrar

MEDICAL CERTIFICATION

20. Date of death March 17 1939, at 4 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mch. 14 1939, to Mch. 17 1939, and that I last saw him alive on Mch. 17 1939.

Immediate cause of death	Duration
Arteriosclerosis	about 10 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: ✓
(a) Accident, suicide, or homicide ——
(b) Date of occurrence ——
(c) Where did injury occur? none (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? none (Specify type of place) While at work? ——
(e) Means of injury ——

23. Signature C. A. Stultz M. D. or other
Address Woodsboro Md. Date signed 3-18-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 3 1939
U. S. DEPARTMENT OF

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 135

CERTIFICATE OF DEATH (946)

02790

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Wolfsville Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 66

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Wolfsville Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John W. Brandenburg

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widowed

6 (b) Name of husband or wife Ada Alice Brandenburg

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 5, 1872

8. AGE: Years 66 Months 6 Days 28 If less than one day hr. min.

9. Birthplace Wolfsville, Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER 12. Name John D. Brandenburg

13. Birthplace Wolfsville. Md.

MOTHER 14. Maiden Name Amanda Toms

15. Birthplace Wolfsville, Md.

16 (a) Informant Maudie Brandenburg

(b) Address Wolfsville, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/39 (month) (day) (year)

(c) Cemetery or crematory Lutheran Cem.

Location Wolfsville Md.

18 (a) Funeral director Gladhill Co.

(b) Address Middletown. Md.

19 (a) March 6, '39 (Date rec'd by registrar) (b) Charles L Leatherman Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 2 1939 at 6 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 15 1939, to Mar 2 1939, and that I last saw him alive on Mar 2 1939.

Immediate cause of death Coronary Thrombosis — Duration 6 wks.

Due to Artery Sclerosis

Due to ✓

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature G. G. Holder M. D. (M. D. or other)

Address Smithsburg Date signed 3/2/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 3 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02791

1. PLACE OF DEATH

County Frederick Registration Dist. No. 147

Village or City Mt. Airy, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Malissa Buckingham

(a) Residence: No. Mt. Airy, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5e. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Cake Marshall Buckingham

6. DATE OF BIRTH (month, day, and year) July 1, 1876

7. AGE: Years 62 | Months 8 | Days 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) ~~Howard~~ Balto. City (State or country) Md.

FATHER

13. NAME Charles Smith

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Sarah A. Becraft

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. Gertrude E. Mullinix (Address) Mt. Airy, Md

18. BURIAL, CREMATION, OR REMOVAL ~~Place~~ London Park Cem'ty Date March 24, 1939

19. UNDERTAKER C. M. Waltz (Address) Winfield, Md

20. FILED Mar 23, 1939 Archley R. Molvaunt Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 22 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1939, to March 22, 1939

I last saw her alive on March 21, 1939; death is said to have occurred on the date stated above, at 4:30 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Colon	1938
Adenomatous Thyroid	1931

Other Contributory Causes of importance:

Metastis to liver	Dec 1938

Name of operation Exploratory Date of 1938-Dec

Whet test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. Stanley Grabell M. D.

(Address) Mt Airy, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

02792

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11mos, 22days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Prince George

(c) City or town Takoma Park (If outside city or town limits, write RURAL and give town)

(d) Street No. 266 Ethan Allen Avenue (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Herbert Bradley Burger

3 (b) If veteran, name war: Spanish-American

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Hattie Burger

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.): June 17, 1880

8. AGE: Years 58 | Months 9 | Days 11 | If less than one day ____ hr. ____ min.

9. Birthplace: Washington, D. C. (Town, county, and state)

10. Usual occupation: Butcher

11. Industry or business

FATHER

12. Name: John T. Burger

13. Birthplace: Unknown

MOTHER

14. Maiden Name: Frances Candy

15. Birthplace: New Jersey

16 (a) Informant: Herbert Bradley Burger

(b) Address: Takoma Park, Maryland

17 (a) Arlington, Va. (Burial, cremation, or removal) (b) Date thereof 3/30/39 (month) (day) (year)

(c) Cemetery or crematory Arlington National

Location: Arlington, Va.

18 (a) Funeral director: C. E. Kline & Son

(b) Address: Frederick, Md.

19 (a) March 28, 1939 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death March 28 1939, at 6:55 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from April 20 1938, to March 28 1939, and that I last saw him alive on March 27 1939.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	3 yrs., 3 mos.
Due to: Tubercle bacilli	
Due to:	
Other conditions: Mitral Regurgitation	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M. D. or other

Address State Sanatorium Md. Date signed 3/28/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 6 1933
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02793

CERTIFICATE OF DEATH (947)

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Rural Near Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 4 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City or town~~ Rural near Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John Romans Cook

3 (b) If veteran, name war: none

3 (c) Social Security No. None

4. Sex: male

5. Color or race: white

6 (a) ~~Single, married, widowed~~, or divorced: divorced

6 (b) Name of ~~husband or~~ wife: Unknown

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) ? ? 1880

8. **AGE:** Years 59 | Months ? | Days ? | If less than one day hr. min.

9. Birthplace Buchannon County Va
(Town, county, and state)

10. Usual occupation farmer

11. Industry or business

FATHER
12. Name Isaac Newton Cook
13. Birthplace Unknown

MOTHER
14. Maiden Name Sarah Cook
15. Birthplace Kentucky

16 (a) Informant Dock E. Cook
(b) Address Lebanon, Va

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/28/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Md

18 (a) Funeral director Harry E. Carty Co

(b) Address Frederick, Md

19 (a) 28-Mch-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 26 1939, at 9:30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him ~~alive~~ dead on March 26 1939.

Immediate cause of death	Duration
Coronary Occlusion c Immediate Death	
Due to	
Due to	
Other conditions	
(Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Howard W. Ash M.D.
M. D. or other

Address Frederick, Md Date signed 3/28/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02794

93-d

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick R.F.D. 5 Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 60 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Frederick R.F.D. 5 Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** George Washington Cramer

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married

6 (b) Name of ~~husband or~~ wife Margaret Zimmerman

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) May 18, 1874

8. **AGE:** Years 64 | Months 10 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Philip Cramer
13. Birthplace Hansonville, Md.

MOTHER
14. Maiden Name Margaret Cain
15. Birthplace Hansonville, Md.

16 (a) Informant Mrs. George W. Cramer
(b) Address Nr. Braddock Heights, Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Apr. 2, 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Zion Cemetery
Location Nr. Feagaville, Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Md.

19 (a) 1-April 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death 3/30 1939 at 8:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1939, to 3/30 1939, and that I last saw him alive on 3/28 1939.

Immediate cause of death Myocarditis

Due to Rheumatism

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. M. Goodman MD
M. D. or other

Address Frederick Md Date signed 3/31/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02795

CERTIFICATE OF DEATH (159)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ Day

(e) Length of stay in this community (yrs., mos., or days) _____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 221 E. Patrick St. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Baby Boy Creeger

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Male

5. Color or race: White

6 (a) Single, ~~married, widowed,~~ or ~~divorced~~: Single

6 (b) Name of husband or wife _____

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 15, 1939

8. **AGE:** Years | Months | Days | If less than one day: 14 hr. 8 min.

9. Birthplace Frederick--Frederick Co. Md. (Town, county, and state)

10. Usual occupation Infant

11. Industry or business

FATHER

12. Name James J. Creeger

13. Birthplace Thurmont, Maryland

MOTHER

14. Maiden Name Ruth E. Tregoning

15. Birthplace Frederick, Maryland

16 (a) Informant James J. Creeger

(b) Address 221 E. Patrick St., Fred'k, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/39 (month) (day) (year)

(c) Cemetery or crematory _____

Location Thurmont, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 16-Mch-1939 (Date rec'd by registrar) (b) Chas J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 15 1939, at 9 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1939, to Mch 15 1939, and that I last saw him alive on Mch 15 1939.

Immediate cause of death	Duration
Prematurity	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature H. H. Hunter M. D. or other

Address Frederick Md. Date signed 3/16/39

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02796

Outside

CERTIFICATE OF DEATH

(159)

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Montevue (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 1/2 hr.

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City~~ or town Sabillasville
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** John Clifton Dick

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex male

5. Color or race white

6 (a) Single, ~~married, widowed,~~ or ~~divorced~~

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March - 1 - 1939

8. **AGE:** Years 0 | Months 0 | Days 3 | If less than one day hr. min.

9. Birthplace Sabillasville md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Robert Dick
13. Birthplace Frederick Co. md.

MOTHER
14. Maiden Name Mary Elizabeth Brown
15. Birthplace Frederick Co. md.

16 (a) Informant Emergency Hospital
(b) Address Frederick Co. Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mch. 4-39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Sabillasville

Location Sabillasville

18 (a) Funeral director M L Creager Sons

(b) Address Thurmont Md

19 (a) 4 - March 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 3 1939, at 4 P.M. 30

21. I certify that death occurred on the date above stated; that I attended deceased from Died 1 1/2 hours after brought to hospital 19 to 19, and that I last saw him alive on 19

Immediate cause of death — Duration

Premature birth

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B O Thomas
M. D. or other

Address Frederick, Md Date signed March 4, 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1939
BUREAU V. S.

wh

WITHIN CORPORATE LIMITS OF
NO LIMITS SAVE AS NOTED

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 02797

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Rosemont - Brunswick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: WITHIN CORPORATE LIMITS OF

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Rosemont - Brunswick (If outside city or town limits, write RURAL and give town)

(d) Street No. Rosemont (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME Frederick Garland Donovan

3 (b) If veteran, name war ———

3 (c) Social Security No. 705-10-2814

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of husband or wife Janice Erma

6. (c) If alive, give age 37 years

7. Birth date of deceased (mo., day, yr.) Aug. 3rd - 1896

8. AGE: Years 42 Months 7 Days 15 If less than one day ——— hr. ——— min.

9. Birthplace Brunswick, Fred. Maryland (Town, county, and state)

10. Usual occupation Machinist

11. Industry or business B&O. R.R.

FATHER
12. Name Timothy G. Donovan
13. Birthplace Wash. Co. Maryland.

MOTHER
14. Maiden Name Christina A. Deck
15. Birthplace Wash. Co. Maryland.

16 (a) Informant Alvin G. Donovan

(b) Address 411-W. Potomac. Brunswick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 18-39 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location Thurmont, Md.

18 (a) Funeral director Jesse S. Bailey

(b) Address Harpers Ferry, W. Va

19 (a) Mar 17/39 (Date rec'd by registrar) (b) Mrs H. S. Hodges Registrar

MEDICAL CERTIFICATION

20. Date of death March 15 1939, at 8P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 15 1939, to March 15 1939, and that I last saw him alive on ——— 19 ———

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature William Schnaufler M. D. or other

Address Brunswick Date signed 3/17/39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02798

CERTIFICATE OF DEATH

93-C

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 Days

(e) Length of stay in this community (yrs., mos., or days) 10 "

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City~~ or town Mount Airy R. F. D. #1 (If outside city or town limits, write RURAL and give town)

(d) Street No. Mount Airy R. F. D. #1 Rural (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Katie Etchison Droneburg

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widow

6 (b) Name of husband ~~or wife~~ John F. Droneburg

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) July 23, 1870

8. AGE: Years 68 | Months 7 | Days 17 | If less than one day _____ hr. _____ min.

9. Birthplace New Market, Fred'k Co. Md. (Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

FATHER

12. Name Bryon Etchison

13. Birthplace New Market, Fred'k Co. Md.

MOTHER

14. Maiden Name Mary F. Bernard

15. Birthplace New Market, Fred'k Co. Md.

16 (a) Informant Claude L. Droneburg

(b) Address Lewistown, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/12/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ M. E. Cemetery

Location New Market, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 10-Mch.39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 10th, 1939 at 3 A M

21. I certify that death occurred on the date above stated; that I attended deceased from April 1 1938, to Mch 10 1939, and that I last saw her ~~him~~ alive on Mch 9 1939.

Immediate cause of death Chronic Myocarditis — Duration Years

Due to Acute Resp. Infection — 10 dos

Due to Hypostatic Pneumonia — 3 dos

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of place) While at work? _____

(e) Means of injury _____

23. Signature H. J. Hughes M. D. or other

Address Frederick, Md. Date signed 3/10/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Shuler

Please sign & leave on table so I can get it this afternoon

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VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13 / 02799

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Rosemont
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 40

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick,
(If outside city or town limits, write RURAL and give town)
(d) Street No. Rosemont
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Emma M Dutrow

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of husband or wife: ~~ZZ~~ Daniel T. Dutrow

6. (c) If alive, give age 63 years

7. Birth date of deceased (mo., day, yr.) February 1, 1881

8. AGE: Years 58 | Months 1 | Days 13 | If less than one day ____hr. ____min.

9. Birthplace Baltimore, Maryland
(Town, county, and state)

10. Usual occupation House-wife

11. Industry or business At Home

FATHER
12. Name Edward F. Strohrmann
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Otto
15. Birthplace Maryland

16 (a) Informant Mr. D. T. Dutrow
(b) Address Rosemont-Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/16/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mount Olivet Cem.
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 15 Mch 1939 (Date rec'd by registrar) (b) Dora J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 14, 1939 at 3:30 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 14 1939, to Mar 14 1939, and that I last saw ~~him~~ alive on Mar 14 1939.

Immediate cause of death	Duration
Coronary Occlusion	Sudden
Due to / Hypertension	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide —
(b) Date of occurrence —
(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)
(d) Did injury occur about home, on farm, industrial place, in public place? [redacted] (Specify type of place) While at work? [redacted]
(e) Means of injury —

23. Signature E P Thomas
M. D. or other
Address Frederick, Md. Date signed 15 Mch 1939

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APR 5 1939
BUREAU V. S.

Dr. Goodman

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

93-C

02800

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick R.F.D. 5 Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 3 Das

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or town~~ Frederick, R.F.D.5 Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Louis Howard Easterday

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed or~~ divorced.
Male	White	Married

6 (b) Name of ~~husband or~~ wife Carrie Whipp

6. (c) If alive, give age 47 years

7. Birth date of deceased (mo., day, yr.) Sept. 6, 1883

8. AGE: Years	Months	Days	If less than one day
55	6	24	____ hr. ____ min.

9. Birthplace Frederick Co, Md.
(Town, county, and state)

10. Usual occupation General Farming

11. Industry or business

FATHER

12. Name Elijah H. Easterday

13. Birthplace Nr. Feagaville, Md.

MOTHER

14. Maiden Name Ann DeGrange

15. Birthplace Nr. Feagaville, Md.

16 (a) Informant Mrs. Louis H. Easterday

(b) Address Frederick, R.F.D.5

17 (a) Burial (Burial, ~~cremation~~, or removal) (b) Date thereof Apr. 3, 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ St. Lukes

Location Feagaville, Md.

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Md.

19 (a) 1-April 1939 (Date rec'd by registrar) (b) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 30 1939, at 9:30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Aug 1938, to March 30 1939, and that I last saw him alive on 3/28 1939.

Immediate cause of death	Duration
Myocarditis, Left Side, Regurgitation	
Due to Rheumatic fever	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature J. M. Goodman M.D.
M. D. or other

Address Frederick, Md Date signed 3/31/39.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02801

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ (If outside city or town limits, write RURAL and give town) Frederick

(c) Street address, hospital, or institution: 148 West Patrick Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 69 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ (If outside city or town limits, write RURAL and give town) Frederick

(d) Street No. 148 West Patrick Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Minnie Florence Ebert

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) 12/19/69

8. AGE: Years 69 Months 2 Days 27 If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Frederick, Maryland (Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER 12. Name John Ebert

13. Birthplace Lancaster, Pennsylvania

MOTHER 14. Maiden Name Mary Louisa Schriener

15. Birthplace Don't Know

16 (a) Informant Mrs. Zilpha Ebert Brown

(b) Address Frederick, Maryland

17 (a) Burial (Burial, cremation, removal) (b) Date thereof 3/21/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) 20-Mch-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death 3/18th 1939, at 7. P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18 1939, to 3/18 1939, and that I last saw ~~him~~ her alive on 3/18 1939.

Immediate cause of death	Duration
Angina Pectoris	10 min.
Due to Aortic Atherosclerosis	
Due to	
Other conditions Arteriosclerosis	9

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature A. H. Conley, M. D. or other

Address Frederick, Md. Date signed 3/20/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1939
BUREAU V. S.

Dr. Conley, Dr.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02802

CERTIFICATE OF DEATH

(940)

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 17 W. A.. Saints St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 30

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 17 W. All Saints St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Mary Blanche Engle

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of husband ~~or wife~~ Louis H. Engle

6. (c) If alive, give age 61 years

7. Birth date of deceased (mo., day, yr.) July 20, 1884

8. AGE: Years 54 | Months 7 | Days 24 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County Maryland
(Town, county, and state)

10. Usual occupation House-wife

11. Industry or business At Home

FATHER
12. Name Thomas C. Fisher
13. Birthplace Maryland

MOTHER
14. Maiden Name Sarah Long
15. Birthplace Maryland

16 (a) Informant Louis H. Engle
(b) Address 17 W. All Saints St., Fred'k Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/17/39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mount Olivet Cemetery
Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 16-Mch-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 14th, 1939 at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 14 1939, to March 14 1939, and that I last saw ~~him~~ her alive on March 14 1939.

Immediate cause of death: Angina Pectoris

Due to ✓

Due to ✓

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations ✓
Of autopsy ✓

Duration: One Day

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ✓

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ✓ (Specify type of place) While at work? ✓

(e) Means of injury ✓

23. Signature [signature] M. D. or other

Address Frederick, Md. Date signed 3/16/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1939
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 141

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

(158)

02803

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town near Knoxville
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town near Knoxville
(If outside city or town limits, write RURAL and give town)
(d) Street No. —
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Mary M Fisher

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race Colored

6 (a) Single, married, widowed, or divorced. —

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 10, 1937

8. AGE: Years 1 Months 8 Days 25 If less than one day ___ hr. ___ min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Unknown
13. Birthplace

MOTHER
14. Maiden Name Mary Fisher
15. Birthplace Maryland

16 (a) Informant Mary Fisher
(b) Address near Knoxville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 7, 1939 (month) (day) (year)
(c) Cemetery or crematory Cemetary Mountain
Location near Knoxville Md

18 (a) Funeral director C H Fite & Bro
(b) Address Brunswick Md.

19 (a) Mar 6 1939 (Date rec'd by registrar) (b) Mrs. H. T. Hedges Registrar

MEDICAL CERTIFICATION

20. Date of death Mch 5th 1939, at 8 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from July 1938, to Mch 5th 1939, and that I last saw her alive on approx July 1938.

Immediate cause of death Malnutrition; due to the child being poorly fed. [illegible]

Due to

Due to difficult feeding

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration 1 year

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature E C Kefauver
M. D. or other

Address Frederick Md Date signed Mch 5/39

RECEIVED
APR 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 140

02804

CERTIFICATE OF DEATH

(77)

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town near New Midway
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town near New Midway
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Isaac Milton Fogle

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
M.	W.	Widowed

6 (b) Name of husband or wife Mary E. Clark

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec. 7. 1859

8. AGE: Years	Months	Days	If less than one day
79	3	13	hr. min.

9. Birthplace Frederick Co. Md.
(Town, county, and state)

10. Usual occupation Thresher

11. Industry or business Grain threshing

FATHER
12. Name Isaac Fogle
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Barbra Fogle
15. Birthplace Frederick Co. Md.

16 (a) Informant John T. Fogle
(b) Address New Midway, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 22 1939 (month) (day) (year)
(c) Cemetery or crematory Rocky Hill
Location near Woodsboro

18 (a) Funeral director Powell & Yingling
(b) Address Woodsboro Md.

19 (a) Mar. 22 '39 (Date rec'd by registrar) (b) L C Powell Registrar

MEDICAL CERTIFICATION

20. Date of death March 20 1939, at 5 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 2 1938, to March 20 1939, and that I last saw him alive on March 18 1939.

Immediate cause of death	Duration
Arteriosclerosis	about 10 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy and?

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ✓
(b) Date of occurrence ✓
(c) Where did injury occur? ✓ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury none

23. Signature C. A. Stultz M. D. or other

Address Woodsboro Date signed 3-21-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

02805

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium, Md.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
State Sanatorium.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1Mo9days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County A.A.Co Md.

(c) City or town Annapolis
(If outside city or town limits, write RURAL and give town)

(d) Street No. 18 Cornhill St.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Raymond Ford.

3 (b) If veteran, name war

3 (c) Social Security No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife: Amy Ford.

6. (c) If alive, give age: Unknown years

7. Birth date of deceased (mo., day, yr.) Jan. 29 1901

8. AGE: Years 38 | Months 0 | Days 10 | If less than one day: _____ hr. _____ min.

9. Birthplace: Maryland.
(Town, county, and state)

10. Usual occupation: Carpenter

11. Industry or business

FATHER 12. Name: Benjamin J. Ford.

FATHER 13. Birthplace: Maryland

MOTHER 14. Maiden Name: Ida Rodgers.

MOTHER 15. Birthplace: Maryland.

16 (a) Informant: Raymond Ford.

(b) Address: Annapolis. Md.

17 (a) Annapolis Md. (Burial, cremation, or removal) (b) Date thereof Mar 12 1939 (month) (day) (year)

(c) Cemetery or crematory: Unknown

Location: Annapolis, Md.

18 (a) Funeral director: Ben L Hopping

(b) Address: Annapolis.

19 (a) 3/9/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 9 1939, at 7.10 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 28 1939, to Mar 9 1939, and that I last saw him alive on Mar 9 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	5Mos.
Due to	
Tubercule Bacilli	
Due to	
Other conditions	
Tuberculous Laryngitis (Include pregnancy within 3 months of death)	

Major findings:

Of operations: none

Of autopsy: no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. (M. D. or other)

Address State Sanatorium md Date signed 3/9/39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02806

CERTIFICATE OF DEATH

(8)

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Montevue - Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Frederick Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Route 1 (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Infant Grable

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex female

5. Color or race white

6 (a) Single, married, widowed, or divorced.

6 (b) Name of husband or wife

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) March 23 1939

8. AGE: Years 0 Months 0 Days 0 If less than one day 0 hr. 0 min.

9. Birthplace Emergency Hospital (Town, county, and state)

10. Usual occupation Frederick Co. Md.

11. Industry or business

FATHER

12. Name George Daniel Grable

13. Birthplace Carroll Co. Md

MOTHER

14. Maiden Name Clara Mae Kaufman

15. Birthplace Penna

16 (a) Informant Evangeline Rice R.N.

(b) Address Emergency Hospital

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mch 24/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ M. E. Lewistown

Location Lewistown Md.

18 (a) Funeral director W. J. Hillhouse

(b) Address Thurmont

19 (a) 24 Mch 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 23 1939, at 11 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 23 1939, to March 23 1939, and that I last saw him ~~alive on~~ Stillborn March 23 1939.

Immediate cause of death	Duration
monstrosity	3,
Due to asphixiated in delivery	23,
Due to	39
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. or other

Address Frederick, Md Date signed 3/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

32-24

02807

1. PLACE OF DEATH

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Fred. Co. Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 day

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town New Loudon (If outside city or town limits, write RURAL and give town)

(d) Street No. #2 Rural, Mt. Airy, Md. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Leo Graham

3 (b) If veteran, name war: None

3 (c) Social Security No. 250-05-6055

4. Sex: Male

5. Color or race: Col.

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband or wife: Catherine Graham

6. (c) If alive, give age 19 years

7. Birth date of deceased (mo., day, yr.) March 1, 1916

8. **AGE:** Years 23 | Months 0 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER

12. Name Edward Graham

13. Birthplace Md.

MOTHER

14. Maiden Name Edna Thomas

15. Birthplace Md.

16 (a) Informant Miss Harwood Emergency

(b) Address Hospital Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof March 18, 1939 (month) (day) (year)

(c) Cemetery or crematory Woodville

Location Woodville, Fred. Co. Md.

18 (a) Funeral director C. M. Waltz

(b) Address Winfield, Md.

19 (a) 16 Mar 39 (Date rec'd by registrar) (b) Dra J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 15 1939, at 8 30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 14 1939, to Mar 15 1939, and that I last saw him alive on Mar 15 1939.

Immediate cause of death	Duration
Miliary Tuberculosis	2 months?
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Thomas M. D. ~~or other~~

Address Frederick, Md Date signed 3/18/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7891

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 134

CERTIFICATE OF DEATH (13)

02808

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Motters Station
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Motters Station
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Estella Gertrude Grimes

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband ~~or wife~~ Charles Grimes

6. (c) If alive, give age 54 years

7. Birth date of deceased (mo., day, yr.) Jan 31 1883

8. AGE: Years 56 | Months 1 | Days 5 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick co Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Elagath Dorsey

13. Birthplace Md

MOTHER

14. Maiden Name Laura Harn

15. Birthplace Md

16 (a) Informant Charles Grimes

(b) Address Rocky Ridge R F D Md

17 (a) Emmitsburg (Burial, cremation, or removal) (b) Date thereof Mar 9th 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mountain View

Location Emmitsburg Md

18 (a) Funeral director Powell & Albaugh

(b) Address Woodsboro Md

19 (a) Mar 7 1939 (Date rec'd by registrar) (b) M. F. Shuff Registrar

MEDICAL CERTIFICATION

20. Date of death March 6 1939, at 8.20 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 1 1938 to March 6 1939, and that I last saw him alive on March 6 1939.

Immediate cause of death	Duration
Chronic Brights	about 2 years
Due to ✓	
Due to ✓	
Other conditions ✓	

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide ~~no~~

(b) Date of occurrence ✓

(c) Where did injury occur? ✓ (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? ~~none~~ (Specify type of place) While at work?

(e) Means of injury ✓

23. Signature C. A. Stultz M.D (M. D. or other)

Address Woodsboro Md Date signed 3-7-39

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

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APR 4 1950
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02805

1. PLACE OF DEATH

County Frederick Registration Dist. No. 137

Village or City Liberty town No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 1 yrs. 0 mos. 0 ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Charles Henry Harbaugh

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Fannie E Harbaugh

6. DATE OF BIRTH (month, day, and year) May-24-1876

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	62	9	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and yaar) Nov-1935

11. Total time (years) spent in this occupation 40 yrs

12. BIRTHPLACE (city or town) Md (State or country)

FATHER

13. NAME George M. Harbaugh

14. BIRTHPLACE (city or town) Md (State or country)

MOTHER

15. MAIDEN NAME Susan Powell

16. BIRTHPLACE (city or town) Md. (State or country)

17. INFORMANT Mrs Chas Harbaugh (Address) Liberty town. Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Hope Cemetery Date Mar 8th, 1939

Powell & Baugher

19. UNDERTAKER Powell & Baugher (Address) Liberty town

20. FILED Mar, 1939 W. D. Cunningham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar 5th, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended dacaased from Nov, 1935, to Mar 5th, 1939

I last saw h~~e~~r alive on Mar 3, 1939; death is said to have occurred on the date stated above, at 12 A m.

The **PRINCIPAL CAUSE OF DEATH** and related causes of Importanca were as follows:

	Date of onset
Arterio-Sclerosis	1933

Other **Contributory Causes** of importance:

Cerebral Hemorrhage	Nov. '35
Hemiplegia	" '35

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was dua to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceasad? No

If so, specify

(Signed) Otis B. Stone M. D.

(Address) Liberty town, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, **e. g.,** heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The **principal cause of death** and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13

CERTIFICATE OF DEATH

02810

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 326 East Third Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 43 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 326 East Third Street
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Jesse Marion Haugh

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of ~~husband~~ wife Ann E. Sigler Haugh

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 20, 1873

8. AGE: Years 65 | Months 11 | Days 27 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick County, Maryland
(Town, county, and state)

10. Usual occupation Motorman (Retired)

11. Industry or business Electric Railway

FATHER

12. Name Thomas F. Haugh

13. Birthplace Frederick County, Maryland

MOTHER

14. Maiden Name Ida Eyler

15. Birthplace Frederick County, Maryland

16 (a) Informant Forrest D. Haugh

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/20/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) 20 Mch 1939 (Date rec'd by registrar) (b) Chas J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 17th 1939, at 10.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1932, to March 17 1939 and that I last saw him alive on March 12 1939

Immediate cause of death	Duration
Cerebral Hemorrhage	48 hours
Due to Arterio Sclerosis	10 Years
Due to Myocarditis	10 Years
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Hedges M. D. or other

Address Frederick Md. Date signed March 20 1939

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APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 147

(210-m)

02811

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town near Plane No 4 (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Rural Kemptown Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME John H. Hillary

3 (b) If veteran, name war

3 (c) Social Security No. 216-05-7787

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married.

6 (b) Name of ~~husband~~ or wife Gertie E. P. Hillary

6. (c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) 7-17-1873

8. AGE: Years 65 Months 7 Days 1 If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER 12. Name Josiah Hillery

13. Birthplace Maryland.

MOTHER 14. Maiden Name Rebecca Lewis

15. Birthplace Maryland.

16 (a) Informant Howard Hillary

(b) Address Mt Airy

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch 21-39 (month) (day) (year)

(c) Cemetery or crematory Cemetary

Location Kemptown Md.

18 (a) Funeral director W. E. Falconer

(b) Address New Market Md.

19 (a) Mar. 20, 1939 (Date rec'd by registrar) (b) Archley R. Molesworth Local Registrar

MEDICAL CERTIFICATION

20. Date of death 3/18/39 19 , at M

21. I certify that death occurred on the date above stated; that I attended deceased from 19 , to 19 , and that I last saw him alive on 19 .

Immediate cause of death He was riding in a machine, with another party. Thinking a truck approaching them from the opposite direction

Due to as about to run into them, he opened the door and jumped out while the machine was in

Due to motion, striking a telephone pole with such force as to cause his death. He was not struck by

Other conditions auto; the two machines were not involved in the accident, as the approaching (Include pregnancy within 3 months of death)

Major findings: truck did not touch the machine

Of operations Hillary was in C.W.S.R.

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident (auto)

(b) Date of occurrence 3/18/39

(c) Where did injury occur? Plane # 4, Frederick (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Highway While at work? (Specify type of place)

(e) Means of injury

23. Signature Archley R. Molesworth ~~M.D.~~ or other Local Registrar

Address Mt Airy Md. Date signed

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

02812

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town State Sanatorium, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days) 1 yr, 2 mos. 14 days

(e) Length of stay in this community (yrs., mos., or days) 1 yr. 2 mos. 14 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 2100 Dukeland St., (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Estelle Agnes Hoffman

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug. 26, 1902

8. AGE: Years 36 Months 6 Days 16 If less than one day _____ hr. _____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Stenographer

11. Industry or business

FATHER

12. Name Peter Hoffman

13. Birthplace Maryland

MOTHER

14. Maiden Name Caroline Strev

15. Birthplace Maryland

16 (a) Informant Estelle Agnes Hoffman

(b) Address 2100 Dukeland St., Balto.

17 (a) Balto., Md (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year)

(c) Cemetery or crematory Unknown

Location Unknown

18 (a) Funeral director M. L. Creager & Wm. J. Tichner

(b) Address Thurmont, Md.

19 (a) 3/14/39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death March 14 1939, at 7:30 P.M

21. I certify that death occurred on the date above stated; that I attended deceased from Dec. 28th 1937, to Mar. 14 1939, and that I last saw him alive on Mar. 14 1939.

Immediate cause of death Pulmonary Tuberculosis

Due to Tubercle Bacillus

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

Duration 2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M. D. or other

Address Lena Sanatorium Md. Date signed 3/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 138

02813

CERTIFICATE OF DEATH

(59)

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town New Market Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town New Market Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Ellanora Howard

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife William J. Howard

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Feb 22-1872

8. AGE: Years 67 Months Days 20 If less than one day hr. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Hager White
13. Birthplace Maryland

MOTHER
14. Maiden Name Lucinda Hafiley
15. Birthplace Maryland

16 (a) Informant William J. Howard (Husband)
(b) Address New Market Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 15-1939 (month) (day) (year)
(c) Cemetery or crematory Pleasent Hill
Location nr Monrovia Md

18 (a) Funeral director W. E. Falconer
(b) Address New Market Md

19 (a) Mar 13-1939 (Date rec'd by registrar) (b) Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. Date of death Mch 12 1939 at 8 30 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Jun 1 1937, to Mch 12 1939 and that I last saw him alive on Mch 11 1939.

Immediate cause of death Coronary Thrombosis — Duration 5 days
Due to Hypertensive Heart Disease
Due to Diabetes
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature [signature] M. D. or other
Address Frederick Md Date signed 3/12/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 13 1

(93-C)

CERTIFICATE OF DEATH

02814

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

(a) County Frederick.

(b) City or town Frederick Md (If outside city or town limits, write RURAL and give town)

WITHIN CORPORATE LIMITS

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 7 days

(e) Length of stay in this community (yrs., mos., or days) _____

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Sadiesburg (Rural) (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Mrs Bessie Huber

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: white

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Jacob Huber

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) Nov - 9 - 1885

8. AGE: Years 53 | Months 4 | Days 10 | If less than one day _____ hr. _____ min.

9. Birthplace Sadiesbury Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name James A Hahn

13. Birthplace Frederick Co

MOTHER 14. Maiden Name Susan Bixler

15. Birthplace Frederick Co

16 (a) Informant Mr. Delph Yingling

(b) Address Sadiesbury Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar - 21 - 1939 (month) (day) (year)

(c) Cemetery or crematory Keysville Church

Location Near Sadiesburg Md

18 (a) Funeral director Raymond R. Wright

(b) Address Union Bridge Md

19 (a) 20 - Mch - 1939 (Date rec'd by registrar) (b) Ira J. McSunday Registrar

MEDICAL CERTIFICATION

20. Date of death March 19 1939, at 4.50 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 12 1939, to Mar 19 1939, and that I last saw ~~him~~ her alive on Mar 19 1939.

Immediate cause of death	Duration
Acute Nephritis	7
Due to Chronic Myocarditis	1
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ While at work? _____ (Specify type of place)

(e) Means of injury _____

23. **Signature** E P Thomas M. D. or other

Address Frederick Md Date signed Mar 19 - 39

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

CERTIFICATE OF DEATH (31)

02815

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont. Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 84 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Thurmont. Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Emma Virginia Isanogle

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife James R. Isanogle

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) June 3rd. 1854

8. AGE: Years 84 | Months 9 | Days 2 | If less than one day ____hr. ____min.

9. Birthplace Thurmont. Fredk. Co. MD
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Samuel Eicholtz
13. Birthplace Penna.

MOTHER
14. Maiden Name Sarah. Not known
15. Birthplace Md

16 (a) Informant Mrs Luther Reed
(b) Address Thurmont. MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 8th. 39 (month) (day) (year)

(c) Cemetery or crematory Cemetery
Location U.B. Cem. at Thurmont. MD

18 (a) Funeral director M. L. Creager & Son
(b) Address Thurmont. MD

19 (a) March 7, 1939 (Date rec'd by registrar) (b) Emma M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death March 5th 1939, at 2 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from 2/27 1939, to 3/5 1939, and that I last saw him alive on 3/4 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 days.
Due to Chronic Arterial Hem	10 yrs.
Due to	
Other conditions Chronic Nephritis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external cauaes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Morris A. Bird M.D. M. D. or other

Address Thurmont Md Date signed 3/7/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02816

CERTIFICATE OF DEATH (93-d)

1. PLACE OF DEATH

(a) County Frederick

(b) City or town Fred City Hospital (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick city Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 11 Days

(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Rural - Near New London (If outside city or town limits, write RURAL and give town)

(d) Street No. _____ (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Helen Augusta Jones

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex Female

5. Color or race White

6 (a) ~~Single, married,~~ widowed, or ~~divorced~~ Widow

6 (b) Name of ~~husband~~ or wife Wm A Jones

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) May 21st 1857

8. AGE: Years 81 Months 10 Days 0 If less than one day _____ hr. _____ min.

9. Birthplace Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name William A Bennett

13. Birthplace Md

MOTHER

14. Maiden Name Anna M Lewis

15. Birthplace Md

16 (a) Informant Charles McA Jones

(b) Address Frederick Route #1

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mar 23 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Central

Location Near New London Md

18 (a) Funeral director Powell & Albaugh

(b) Address Libertytown Md

19 (a) 22-Mch-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 21 1939, at 1.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 10 1939, to Mar 21 1939 and that I last saw him alive on Mar 21 1939.

Immediate cause of death Broncho Pneumonia

Duration 10 da

Due to _____

Due to _____

Other conditions Myocarditis. (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? _____

(e) Means of injury —

23. Signature E P Thomas M. D. or other

Address Frederick Date signed Mar 21 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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STATE OF MARYLAND—CERTIFICATE OF DEATH

02817

1. PLACE OF DEATH

County Frederick (82a) Registration Dist. No. 0241

Village or City Brunswick No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hugh Creighton Kline If U. S. Veteran, specify WAR

(a) Residence: No. 112 9th Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ella Moler

6. DATE OF BIRTH (month, day, and year) Oct 12, 1873

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65	5	6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired B+O

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. R.R. Brakeman

10. Date deceased last worked at this occupation (month and year) 3yrs

11. Total time (years) spent in this occupation 42 yrs

12. BIRTHPLACE (city or town) (State or country) West Virginia

FATHER

13. NAME Henry J. Kline

14. BIRTHPLACE (city or town) (State or country) West Virginia

MOTHER

15. MAIDEN NAME Anna E. Gundy

16. BIRTHPLACE (city or town) (State or country) West Virginia

17. INFORMANT Mrs Louise Kline Carter (Address) Brunswick Md

18. BURIAL, CREMATION, OR REMOVAL Place Park Height Brunswick Md Date Mar 20, 1939

19. UNDERTAKER C. H. Zentz Bro B. La Zentz (Address) Brunswick Md

20. FILED Mar 19, 1939 Mrs. H. S. Hodges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 18, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to March 18, 1939

I last saw h-me alive on March 18, 1939; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other Contributory Causes of importance:	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Hillcoat Edwards Lee M. D.

(Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH PEN AND INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

(130)

02818

Within Corporation Limits

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 16 W. Church St.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 74 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 16 West Church St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Charles William Wilson Kolb

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 25 1864

8. AGE: Years 74 | Months 9 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Frederick Co., Md.
(Town, county, and state)

10. Usual occupation Cigar Maker (retired)

11. Industry or business

FATHER
12. Name David F. Kolb
13. Birthplace Maryland

MOTHER
14. Maiden Name Mary Elizabeth Salter
15. Birthplace Maryland

16 (a) Informant Miss Stella Allsopp
(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3-17-39 (month) (day) (year)
(c) Cemetery ~~or crematory~~ Mt. Olivet Cem
Location Frederick, Md.

18 (a) Funeral director C. E. Totten & Son
(b) Address Frederick, Md.

19 (a) 15-Mch-39 (Date rec'd by registrar) (b) Grace J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death 14-Mch 1939, at 3:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 1 1939 to March 14 1939; and that I last saw him alive on March 14 1939.

Immediate cause of death Uremia. Duration 5 days.

Due to

Due to

Other conditions Acute Nephritis ?

(Include pregnancy within 3 months of death)

Major findings:
Of operations X
Of autopsy X

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature W. M. Smith M.D.
(M. D. or other)
Address Frederick Md. Date signed April 15-39.

PLEASE WRITE PLAINLY WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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Dr. W. M. Smith

STATE OF MARYLAND—CERTIFICATE OF DEATH

02819

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Frederick Registration Dist. No. 153

Village or City near Walkersville No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S. if of foreign birth? 37 yrs. mos. ds.

2. FULL NAME Archibald Mac Donald

(a) Residence: No. near Walkersville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Hallie E. Poole MacDonald

6. DATE OF BIRTH (month, day, and year) Sept. 9, 1883

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
56	6	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. caretaker of race horses

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) March 24, 1939

11. Total time (years) spent in this occupation 38

12. BIRTHPLACE (city or town) Thornhill (State or country) Scotland

FATHER

13. NAME Archibald Mac Donald

14. BIRTHPLACE (city or town) Thornhill (State or country) Scotland

MOTHER

15. MAIDEN NAME Ann Ferguson

16. BIRTHPLACE (city or town) Thornhill (State or country) Scotland

17. INFORMANT Hallie E. MacDonald (Address) Walkersville

18. BURIAL, ~~CREMATION,~~ OR REMOVAL cemetery Place Union Chapel Date March 27, 1939

19. UNDERTAKER G. C. Barton (Address) Walkersville

20. FILED Mar 27, 1939 K. Ward Stauffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 25 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1938 to March 25, 1939

I last saw him alive on March 24, 1939; death is said to have occurred on the data statad above, at 1:30 A. m.

The PRINCIPAL CAUSE OF DEATH and ralated causas of importance were as follows:

	Date of onset
Coronary Occlusion	3/24/39

Other Contributory Causes of importance:

Arteriosclerosis

Name of operation Date of

Whet fast confirmed diagnosis? Was there an autopsy?

23. If death wes due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Whare did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceasad?

If so, specify

(Signed) C. E. Easterday M. D.

(Address) Walkersville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 141

02820

WITHIN CORPORATE LIMITS OF

(93-C)

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Fred.

(b) City or town Near Burkettsville (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 70

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick.

(c) City or town Near Burkettsville Md. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Everett Elkworth McDade

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife None

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 16 1861

8. AGE: Years 78 Months 7 Days 24 If less than one day hr. min.

9. Birthplace Maryland. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER

12. Name Alexander McDade

13. Birthplace Maryland.

MOTHER

14. Maiden Name Sallie Harper

15. Birthplace Maryland.

16 (a) Informant Cornelia E. McDade

(b) Address Burkettsville Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 11, 1939 (month) (day) (year)

(c) Cemetery or crematory Burkettsville

Location Burkettsville Md.

18 (a) Funeral director C. H. Futs + Bro

(b) Address Brunswick Md.

19 (a) Mar 10 39 (Date rec'd by registrar) (b) Mrs. H. S. Hidgins Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 9 1939, at 5 40 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1938, to Mar 9 1939, and that I last saw him alive on Mar 5 1939.

Immediate cause of death	Duration
Pulmonary edema	3/8/39
Myocardial failure c	2/20/39
Generalized edema	
Due to	
Myocarditis Chronic	1937
Due to	
—	
Other conditions	—
Arteriosclerosis generalized (Include pregnancy within 3 months of death)	

Major findings:

Of operations —

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)

(e) Means of injury —

23. Signature G. Lacloet Price M. D. or other

Address Jefferson Md Date signed 3/9/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02821

(131)

1. PLACE OF DEATH

County Frederick Registration Dist. No. 140

Village or City Woodsboro No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 3 yrs. 3 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Geo. Adison Mc Sfinney

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M.	W.	Widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Ida Rebecca Six

6. DATE OF BIRTH (month, day, and yaar) Jan. 14, 1863

7. AGE	Yaars	Months	Days	If LESS than 1 day, hrs. or min.
	76	2	0	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Jockey

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Race horses

10. Data dacaasad last workad at this occupation (month and yaar) 1920

11. Total tima (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Carroll Co. Md. (Stata or country)

FATHER

13. NAME John Mc Sfinney

14. BIRTHPLACE (city or town) ~~Carroll Co. Md.~~ Pa. (Stata or country)

MOTHER

15. MAIDEN NAME Anna Hines

16. BIRTHPLACE (city or town) Carroll Co. Md. (State or country)

17. INFORMANT Mrs. Elizabeth M. Dixon (Address) Woodsboro Md

18. BURIAL, CREMATION, OR REMOVAL Placa Middleburg Date Mar. 21, 1939

19. UNDERTAKER Powell & Albaugh (Address) Woodsboro, Md

20. FILED Mar. 21, 1939 L. C. Powell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 18 (Day), 1939 (Yaar)

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1939, to March 18, 1939

I last saw him alive on mar 18, 1939; daath is said to have occurred on the data statad above, at 9 P. m.

Tha **PRINCIPAL CAUSE OF DEATH** and relatad causes of importence were as follows:

	Data of onsat
a Uremia	

Other **Contributory Causes** of Importance: Chr. Interstitial Nephritis

Nama of operation Data of

What tast confirmed diagnosis? Was thara an autopsy?

23. If daath was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was disaasa or injury in any way ralatad to occupation of daceasad?

If so, specify

(Signad) C. Clayton Dorsey M. D.

(Addrass) Walkersville, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED APR 3 1929

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

02822

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick, Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 0

(e) Length of stay in this community (yrs., mos., or days) 0

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Thurmont, Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. R. F. D. I. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Infant Mercer

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: male | 5. Color or race: White | 6 (a) Single, ~~married, widowed, or divorced.~~: Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 12 1939

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day: 0 hr. 6 min.

9. Birthplace Frederick Co. Md. (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Jesse Cornelius Mercer

13. Birthplace Frederick Co. Md.

MOTHER

14. Maiden Name Sara Elizabeth Marquardt

15. Birthplace Frederick Co. Md.

16 (a) Informant Miss Adelberger, Emergency

(b) Address Hospital, Frederick Md.

17 (a) Burial (Burial, cremation, or removal)

(b) Date thereof Mar 13 1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Utica

Location near Creagerstown

18 (a) Funeral director G. C. Barlow

(b) Address Walkersville Md.

19 (a) 12- Mch (Date rec'd by registrar)

(b) Dra. J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 12 1939, at 4 30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from Mar. 12 1939, to Mar 12 1939, and that I last saw him alive on Mar. 12 1939.

Immediate cause of death	Duration
Asphyxiation	
Due to Prolapse of cord	
Due to Transverse presentation	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. O. Sherman (M. D. or other)

Address Frederick, Md Date signed March 12 39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 144

CERTIFICATE OF DEATH (46-E)

02823

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Thurmont. Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 72 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Thurmont. Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Julia A. Messner.

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles. E. Messner.

6. (c) If alive, give age 76 years

7. Birth date of deceased (mo., day, yr.) July 19-1867

8. AGE: Years 71 | Months 7 | Days 25 | If less than one day ____hr. ____min.

9. Birthplace Thurmont. Fredk Co. MD
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER
12. Name Frederick Addison
13. Birthplace Catoctin. Fredk. Co. Md

MOTHER
14. Maiden Name Margaret Fraley
15. Birthplace Thurmont. Md.

16 (a) Informant Charles. E. Messner.
(b) Address Thurmont. MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mch. 16-39 (month) (day) (year)
(c) Cemetery or crematory Home Cemetery
Location Lewistown. M.E. Cem.

18 (a) Funeral director M. L. Creager & Son.
(b) Address Thurmont. MD

19 (a) March 15, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death Mch. 14th. 1939, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 2 1938, to Mch. 14 1939, and that I last saw him alive on 3/13 1939.

	Duration
Immediate cause of death Carcinoma Liver	1 year
Due to	
Due to	
Other conditions Chronic Myocarditis	1½ yrs

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Morris A. Bailey M.D. (M.D. or other)
Address Thurmont-Md Date signed 3/15/39

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APR 3 1939
BUREAU V. S.

02824

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Frederick (940) Registration Dist. No. 137

Village or City Edgewood No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Mary Magaline Mort If U. S. Veteran, specify WAR

(a) Residence: No. ___ St., ___ Ward. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced ~~HUSBAND~~ of (or) WIFE of William Mort

6. DATE OF BIRTH (month, day, and year)

7. AGE Years 81 Months 0 Days 22 If LESS then 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House work

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME Unknown

14. BIRTHPLACE (city or town) (State or country) Unknown

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (city or town) (State or country) Unknown

17. INFORMANT (Address) Mrs Charles McGraw New Windsor

18. BURIAL, CREMATION, OR REMOVAL Place Keysville Date Mar 13, 1939

19. UNDERTAKER (Address) C O Fuss & Son Taneytown Md

20. FILED Mar 10, 1939 M D Curfman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 10 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1938, to Mar. 10, 1939

I last saw her alive on Mar 10, 1939; death is said to have occurred on the date stated above, at 10 20 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	?
Angina Pectoris	Jan 39

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Jas. T. March M. D.

(Address) New Windsor Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED APR 4 1939 BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02825

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 119 E. Third St.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 30 Days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Carroll

(c) ~~City~~ or town Mt. Airy R. F. D.-Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Mt. Airy R. F. D. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Carrie Grace Hopkins Myers

3 (b) If veteran, name war	3 (c) Social Security No.
None	None

4. Sex	5. Color or race	6 (a) ~~Single~~, married, ~~widowed, or divorced~~
Female	White	Married

6 (b) Name of husband or ~~wife~~ Thomas F. Myers

6. (c) If alive, give age 78 years

7. Birth date of deceased (mo., day, yr.) July 4, 1865

8. AGE: Years	Months	Days	If less than one day
73	8	12	____ hr. ____ min.

9. Birthplace Annapolis, Maryland (Town, county, and state)

10. Usual occupation House-wife

11. Industry or business At Home

FATHER

12. Name Benjamin Hopkins

13. Birthplace Annapolis, Maryland

MOTHER

14. Maiden Name Marion Susan Davis

15. Birthplace Annapolis, Maryland

16 (a) Informant Mr. Arthur V. Myers

(b) Address 119 E. 3rd St., Fred'k, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/18/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 18-Mch-1939 (Date rec'd by registrar) (b) Dan'l McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 16th 1939 at 4:15A M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 14 1939, to Mar 16 1939, and that I last saw him alive on Mar 16 1939.

Immediate cause of death	Duration
Bronchopneumonia	4 7
Due to —	
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature E P Flowers M. D. or other

Address Frederick, Md. Date signed 3/17/39

MARGIN RESERVED FOR BINDING. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 132.

02826

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Braddock Heights (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Jefferson Blvd.

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 7 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Braddock Heights (If outside city or town limits, write RURAL and give town)

(d) Street No. Jefferson Blvd. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Elizabeth Ellen Myers

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Charles W. Myers

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 2, 1845

8. AGE: Years 93 | Months 11 | Days 21 | If less than one day ____ hr. ____ min.

9. Birthplace Nr. Jefferson, Fred'k Co. Md. (Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

FATHER

12. Name Lewis Fulmer

13. Birthplace Nr. Jefferson, Fred'k Co. Md.

MOTHER

14. Maiden Name Elizabeth Flook

15. Birthplace Nr. Jefferson, Fred'k Co. Md.

16 (a) Informant Mary Fulmer

(b) Address Braddock Heights, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/25/39 (month) (day) (year)

(c) Cemetery or crematory Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) Mar 24 1939 (Date rec'd by registrar) (b) D Grayson Sanner Registrar

MEDICAL CERTIFICATION

20. Date of death March 23rd 1939 at 4:10A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/18 1939, to 3/23 1939, and that I last saw him alive on 3/22 1939.

Immediate cause of death Toxemia and myocardial decomposition — Duration 3/22/39

Due to ~~Grippe infection~~ ~~Bronchitis~~ Bronchopneumonia — 3/21/39

Due to Grippe + Bronchitis

Other conditions Senility (Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work?

(e) Means of injury —

23. Signature A. Talbot Bruce M. D. or other

Address Jefferson, Md. Date signed 3/24/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 130

CERTIFICATE OF DEATH

92-a

02827

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Near Point of Rocks
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 50

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Near Point of Rocks
(If outside city or town limits, write RURAL and give town)

(d) Street No. Nr. Point of Rocks
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** George Rudolph Myers

3 (b) If veteran, name war	3 (c) Social Security No.
None	None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
male	white	married

6 (b) Name of husband or wife Emma Jenkins

6. (c) If alive, give age 69 years

7. Birth date of deceased (mo., day, yr.) June 6, 1868

8. AGE: Years	Months	Days	If less than one day
80	9	11	_____hr. _____min.

9. Birthplace Nr. Leesburg, Loudon, Va.
(Town, county, and state)

10. Usual occupation Carpenter

11. Industry or business

FATHER

12. Name Samuel Myers,

13. Birthplace Nr. Leesburg, Va.

MOTHER

14. Maiden Name Leafy J. Wynkoop

15. Birthplace Nr. Leesburg, Va.

16 (a) Informant Mrs. Geo. R. Myers,

(b) Address Point of Rocks, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 20, 39 (month) (day) (year)

(c) Cemetery or crematory St. Pauls

Location Nr. Point of Rocks, Md.

18 (a) Funeral director M.R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) Mch 19 39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Date of death March 17th., 1939, at 12 M

21. I certify that death occurred on the date above stated; that I attended deceased from April 24 19 37, to March 19 39, and that I last saw him alive on March 16 19 39.

	Duration
Immediate cause of death ① Chronic myocarditis + myocardial degeneration ② Mitral Stenosis + insufficiency; aortic insufficiency	① 3 yrs. ② 40 yrs (?)
Due to ① Rheumatic fever (last Rheum attack at age by 50 yrs.	
Due to	
Other conditions Incarcerated inguinal hernia + erosion + fistula to abdominal wall	6 mos.

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Charles H. Conley Jr. M.D.
M. D. or other

Address Buckeystown, Md. Date signed 3/18/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH (23)

02828

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town State Sanatorium
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: State Sanatorium
(d) Length of stay in hospital or inst. (yrs., mos., or days) 1yr. 12days
(e) Length of stay in this community (yrs., mos., or days) ____

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County ____
(c) City or town Baltimore
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1722 Linden Avenue
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Luetta E. Nargi

3 (b) If veteran, name war: No

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Victor Nargi

6. (c) If alive, give age Unknown years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1912

8. **AGE:** Years 27 | Months 2 | Days 8 | If less than one day ____ hr. ____ min.

9. Birthplace Dalton, Georgia
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Arthur E. Biles
13. Birthplace Georgia

MOTHER
14. Maiden Name Ora B. Stacy
15. Birthplace Georgia

16 (a) Informant Luetta E. Nargi
(b) Address Baltimore, Maryland

17 (a) Thurmont, Md. (Burial, cremation, or removal) (b) Date thereof April 2 1939 (month) (day) (year)
(c) Cemetery or crematory ____
Location United Brethren Cem., Thurmont

18 (a) Funeral director M. L. Creager
(b) Address Thurmont, Md.

19 (a) 4/1/39 (Date rec'd by registrar) (b) ____ Registrar

MEDICAL CERTIFICATION

20. Date of death March 26, 1939 at 3:40 AM

21. I certify that death occurred on the date above stated; that I attended deceased from 3/14 1938, to 3/26 1939, and that I last saw him alive on 3/25 1939

Immediate cause of death: Pulmonary Tuberculosis — Duration: 1yr. 4mos.

Due to Tubercle bacilli

Due to ____

Other conditions Tuberculous Enteritis
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide ____
(b) Date of occurrence ____
(c) Where did injury occur? ____ (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? ____ (Specify type of place) While at work? ____
(e) Means of injury ____

23. Signature Stewart S. Shaffer M.D. M. D. or other
Address State Sanatorium md. Date signed 3/26/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 6 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

02829

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Nr. Frederick - Rural
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
I. O. O. F. Home

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 5 years

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Penna. (b) County

(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Richard Benjamin Norman

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married, widowed~~, or divorced. Divorced

6 (b) Name of ~~husband or~~ wife Laura Norwood

6. (c) If alive, give age 51 years

7. Birth date of deceased (mo., day, yr.) Sept. 13, 1868

8. AGE: Years 70 | Months 6 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Philadelphia, Penna.
(Town, county, and state)

10. Usual occupation Retired Laborer

11. Industry or business

FATHER
12. Name William E. Norman
13. Birthplace Philadelphia, Penna.

MOTHER
14. Maiden Name ~~Salley~~ Sarah Ellen Ward
15. Birthplace Philadelphia, Penna.

16 (a) Informant I.O.O.F. Home Records
(b) Address Nr. Frederick, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/30/39 (month) (day) (year)
(c) Cemetery or crematory Loudoun Park
Location Baltimore, Md.

18 (a) Funeral director M. R. Etchison & Son
(b) Address Frederick, Maryland

19 (a) 29-Mch-1939 (Date rec'd by registrar) (b) Jas. J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 27th, 19 39 at 9:15 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 15 1939, to Mar 27 1939 and that I last saw him alive on Mar 27 1939.

	Duration
Immediate cause of death Bronchial Pneumonia	12 days
Due to —	
Due to	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury —

23. Signature E. P. Thomas
M. D. or other

Address Frederick, Md. Date signed 3/29/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 141

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

(132)

02830

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Brunswick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 512 Maple Ave

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 48 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Fred.

(c) City or town Brunswick Md (If outside city or town limits, write RURAL and give town)

(d) Street No. 512 Maple Ave. (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME George W. Nice

3 (b) If veteran, name war: None

3 (c) Social Security No. None.

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Emma F Easton

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) April 19, 1869

8. AGE: Years 70 | Months 10 | Days 7 | If less than one day ____ hr. ____ min.

9. Birthplace Virginia (Town, county, and state)

10. Usual occupation Boiler maker B & O.R.R.

11. Industry or business

FATHER

12. Name William Nice

13. Birthplace Virginia

MOTHER

14. Maiden Name Unknown

15. Birthplace Unknown

16 (a) Informant W. C. Nice

(b) Address 512 Maple Ave Brunswick Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15 1939 (month) (day) (year)

(c) Cemetery or crematory Park Heights

Location Brunswick Md.

18 (a) Funeral director C. H. Fuite & Bro (B Lee Fuite)

(b) Address Brunswick Maryland.

19 (a) Mar 14 1939 (Date rec'd by registrar) (b) Mrs H. S. Hidgco Registrar

MEDICAL CERTIFICATION

20. Date of death 3/12 1939, at 2 30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from May 1920, to 3/12 1939 and that I last saw him alive on 3/10 1939.

Immediate cause of death: Atmosclerosis — Duration 18 yrs

Due to Nephritis — 2

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? —

(e) Means of injury —

23. Signature [signature] M. D. or other

Address Brunswick Md Date signed 6/15/39

Dr Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH (159)

02831

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Frederick Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 19 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 425 N. Bentz St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Jacqueline Oden

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, ~~married, widowed, or divorced~~ Single

6 (b) Name of husband or wife —

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 22 1939

8. AGE: Years | Months | Days 19 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick Co. Maryland (Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER

12. Name Austin Oden

13. Birthplace Md. Frederick

MOTHER

14. Maiden Name Sara Virginia Hudson

15. Birthplace Balto. Md.

16 (a) Informant Miss Adelsberger

(b) Address Emergency Hospital Fredk Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mch. 14 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Frederick Memorial

Location Frederick Md.

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick Md.

19 (a) 14 March 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 13 1939, at 12 43 AM

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1939, to Mar 13 1939, and that I last saw her alive on Mar 13 1939.

Immediate cause of death	Duration
Inanition	Feb 22 39
Due to Premature birth	
Due to (7½ mo.)	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B O Thomas M. D. or other

Address Frederick Md Date signed 3/14/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02832

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick Co

(b) City or ~~town~~ Frederick Ge (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 45 mins

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Carroll

(c) ~~City or~~ town Union Bridge (Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Baby Girl Phaebus

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) Single, ~~married, widowed, or divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 21 - 39

8. AGE: Years 0 | Months 0 | Days 0 | If less than one day hr. 45 min.

9. Birthplace Frederick. Fred. K Co. Md (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER

12. Name Vernon Bankard

13. Birthplace Carroll Co Md

MOTHER

14. Maiden Name Mildred Phaebus

15. Birthplace Carroll Co

16 (a) Informant Mildred Phaebus

(b) Address Union Bridge. Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof March - 22 - 1939 (month) (day) (year)

(c) Cemetery or crematory Mt View

Location Union Bridge. Md

18 (a) Funeral director Raymond K. Wright

(b) Address Union Bridge. Md

19 (a) 22 - Mch 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 21 1939, at 11.00 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 21 1939, to March 21 1939, and that I last saw ~~him~~ her alive on March 21 1939.

Immediate cause of death

Suffocation

Due to New Born

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Laurence Fahrney MD (M. D. or other)

Address Frederick. Md Date signed 3 22 39

VS. A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1939
BUREAU V. S.

02833

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Frederick (93-C) Registration Dist. No. 137

Village or City near Unionville, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 42 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Hannah A. Pittinger

(a) Residence: No. R.D. Union Bridge, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of: late Lycurgus Pittinger

6. DATE OF BIRTH (month, day, and year): March 22, 1845

7. AGE: Years 94 | Months 0 | Days 9 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): Frederick Co. Md.

FATHER

13. NAME: Casper Devilbiss

14. BIRTHPLACE (city or town) (State or country): Maryland

MOTHER

15. MAIDEN NAME: Ann Barnett

16. BIRTHPLACE (city or town) (State or country): Maryland

17. INFORMANT (Address): Mrs. William L. Nusbaum, R.D. Union Bridge, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: Linganore Cemty Date: April 2, 1939

19. UNDERTAKER (Address): C. M. Waltz, Winfield Md

20. FILED: Apr 1, 1939 W. W. Cerfmeay, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 31 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar. 23, 1939, to Mar. 31st, 1939

I last saw her alive on Mar. 30, 1939; death is said to have occurred on the date stated above, at 5:00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Influenza	Mar. 23

Other Contributory Causes of importance:

Myocarditis	3 yrs

Name of operation: Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Otis B. Stone M. D.

(Address) Libertytown

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
AUG 4 1939

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

WITHIN CORPORATE LIMITS OF

94a

Reg. Dist. No. 141

02834

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Brunswick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 502 East Potomac Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 42 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Brunswick (If outside city or town limits, write RURAL and give town)

(d) Street No. 502 East Potomac St (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Adra Gertrude Plush

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Charles Plush

6. (c) If alive, give age 71 years

7. Birth date of deceased (mo., day, yr) January 2, 1873

8. AGE: Years 66 Months 2 Days 0 If less than one day ____ hr. ____ min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Albert Frederick Ramsburg

13. Birthplace Maryland

MOTHER 14. Maiden Name Mary Zimmerman

15. Birthplace Maryland

16 (a) Informant Mrs John Hammond

(b) Address Brunswick, Maryland

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 5, 1939 (month) (day) (year)

(c) Cemetery or crematory Mount Olivet

Location Frederick, Md

18 (a) Funeral director C. H. Feete & Bros.

(b) Address Brunswick, Md

19 (a) Mar 4 39 (Date rec'd by registrar) (b) Mrs H. A. Hedges Registrar

MEDICAL CERTIFICATION

20. Date of death Feb 3 1939, at 1 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 28 1939, to Feb 2 1939 and that I last saw him alive on Feb 13 1939

Immediate cause of death Angina Pectoris — Duration Sud

Due to

Due to

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work? —

(e) Means of injury

23. Signature [signature] M. D. or other

Address Brunswick Md Date signed 3/4/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 4 1939
BUREAU V. S.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

02835

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 Das.
(e) Length of stay in this community (yrs., mos., or days) 19Yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(d) Street No. 203 East Sixth Street (If rural give location)
(e) If foreign born, how long in U. S. A.? 20 years

3 (a) FULL NAME: John Derosa Pollarine

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of ~~husband or~~ wife: Ruby Blair

6. (c) If alive, give age: 67 years

7. Birth date of deceased (mo., day, yr.): May 16, 1869

8. AGE: Years: 69 Months: 10 Days: 15 If less than one day: ____ hr. ____ min.

9. Birthplace: Casoldonia, Italy (Town, county, and state)

10. Usual occupation: Trackman for Penna RR Co.

11. Industry or business:

FATHER
12. Name: John Pollarine
13. Birthplace: Italy

MOTHER
14. Maiden Name: Madeline
15. Birthplace: Italy

16 (a) Informant: Mrs. John D. Pollarine
(b) Address: 203 East Sixth St.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Apr. 3, 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~: St. John's Cemetery
Location: Frederick, Md.

18 (a) Funeral director: M. R. Etchison & Son
(b) Address: Frederick, Md.

19 (a) 1-April 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death 3/31/39 19____, at 10 00 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/1/39 19____, to 3/31 1939, and that I last saw him alive on 3/31 1939.

Immediate cause of death	Duration
Bronchopneumonia	1 wk
Due to Influenza	2 wks
Due to	
Other conditions Chronic Myocarditis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature: Howard W. Ash M.D. (M. D. or other)
Address: Frederick, Md. Date signed 3/31/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02836

1. PLACE OF DEATH (159)

County Frederick Registration Dist. No. 144

Village or City Thurmont (Rural) No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Edward Renner

(a) Residence: No. Thurmont St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) March 14-1939

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
			6	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Thurmont Md

FATHER

13. NAME Robert E. Renner

14. BIRTHPLACE (city or town) (State or country) Thurmont Md

MOTHER

15. MAIDEN NAME Edna V Carpenter

16. BIRTHPLACE (city or town) (State or country) Fred Co. R.F.D. Md

17. INFORMANT Robert E. Renner

(Address) Thurmont Md

18. BURIAL, CREMATION, OR REMOVAL

Place Thurmont M.E. Cem. Date Mch 21, 1939

19. UNDERTAKER M. A. Creager Son

(Address) Thurmont Md

20. FILED March 20, 1939 Anna M. Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 20 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1939 to Mar. 20, 1939

I last saw him alive on March 20, 1939; death is said to have occurred on the date stated above, at 1:30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Icterus Neonatorum	Mch. 17-39

Other Contributory Causes of importance:

Prematurity - (7 mos)

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Wayne Gray M. D.

(Address) Thurmont Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

02837

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 143 West South Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 36

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 143 West South (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Vernon Maynard Rhoads

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widower

6 (b) Name of ~~husband or~~ wife: Grace Saylor

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) April 19, 1881

8. AGE: Years 57 | Months 10 | Days 28 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County Maryland (Town, county, and state)

10. Usual occupation Retired Clerk

11. Industry or business B. Rosenour and Sons

FATHER

12. Name George J. Rhoads

13. Birthplace Frederick County Md.

MOTHER

14. Maiden Name Mary Van Buren

15. Birthplace Frederick County Md.

16 (a) Informant Mrs. Grayson P. Wachter

(b) Address 143 W. South St., Fred'k, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/19/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 18-Mch-1939 (Date rec'd by registrar) (b) Dora J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 18th 19 39 at 12:55A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1939, to March 17 1939, and that I last saw him alive on March 16 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	7 hours
Due to	
Hypertension	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B. O. Rhoads M. D. or other

Address Frederick, Md. Date signed 3/17/39

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APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (131)

Reg. Dist. No. 144

02838

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Mountaindale Rural.
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) 75-~~66~~-14

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State MD (b) County Frederick

(c) City or town Mountaindale. Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Martha Jane Rice.

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Joseph Oliver Rice

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 17-1863

8. AGE: Years 75 Months 11 Days 14 If less than one day hr. min.

9. Birthplace Mountaindale. Fredk.Co. MD
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

FATHER
12. Name Lewis Staub
13. Birthplace Mountaindale. Fredk.Co. Md

MOTHER
14. Maiden Name Catherine Weddle
15. Birthplace Mountaindale Fredk.Co. Md

16 (a) Informant Joseph Oliver Rice.
(b) Address Thurmont. R.F.D. MD

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof April 2-39 (month) (day) (year)

(c) Cemetery or crematory Lewistown.

Location Lewistown

18 (a) Funeral director M. L. Creager & Son

(b) Address Thurmont. MD

19 (a) April 2, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death Mch. 31st 1939 19, at 11:15 PM

21. I certify that death occurred on the date above stated; that I attended deceased from 3-1 1939, to 3-31 1939, and that I last saw ~~him~~ her alive on 3-30 1939.

Immediate cause of death Acute Cardiac Renal Vascular Disease

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr U. T. Bourne Jr. MD
M. D. or other

Address Frederick Md Date signed 4-1-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 2 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

(130)

02839

Within Corporation Limits

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 14 days

(e) Length of stay in this community (yrs., mos., or days) 34 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 117 West South Street (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Nancy May Ridenour

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~: Married

6 (b) Name of husband ~~or wife~~ John E. Ridenour

6. (c) If alive, give age 59 years

7. Birth date of deceased (mo., day, yr.) April 10, 1881

8. AGE: Years 57 | Months 10 | Days 22 | If less than one day _____ hr. _____ min.

9. Birthplace Carroll County, Maryland (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name Milton A. Mackley

13. Birthplace Carroll County, Maryland

MOTHER

14. Maiden Name Mary C. Little

15. Birthplace Carroll County, Maryland

16 (a) Informant Miss Katherine Ridenour

(b) Address Frederick Md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof March 7/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Olivet Cemetery

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) 6 Mch. 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death March 4 1939 at 4.30 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 20 1939 to Mar 4 1939, and that I last saw ~~him~~ her alive on Mar 4 1939.

Immediate cause of death: Acute Nephritis

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings: —

Of operations

Of autopsy —

Duration: 2 wks

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? — (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — While at work? (Specify type of place)

(e) Means of injury —

23. Signature E P Thomas M. D. or other

Address Frederick Md Date signed Mar 6 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

Dr. E. P. Thomas
or Dr. Pearce

RECEIVED
APR 5 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02840

1. PLACE OF DEATH

County Frederick (82a) Registration Dist. No. 132

Village or City Middletown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 44 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME John Henry Ropp

(a) Residence: No. Middletown, Md., St. Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	White	married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Esta V. Ropp

6. DATE OF BIRTH (month, day, and year) Feb. 15 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
70	1	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farmer

10. Date deceased last worked at this occupation (month and year) Mar. 1939

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (city or town) Middletown

(State or country) Fredrick Co. Md.

FATHER

13. NAME William E. Ropp

14. BIRTHPLACE (city or town)

(State or country) Germany

MOTHER

15. MAIDEN NAME Mary E. Phile

16. BIRTHPLACE (city or town)

(State or country) Germany

17. INFORMANT Esta V. Ropp

(Address) Middletown, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place Middletown Lutheran Cemetery Mar. 21, 1939

19. UNDERTAKER Gladhill Co.

(Address) Middletown, Md

20. FILED Mar. 21, 1939 D. Grayson Sanner

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 18, 1939

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 15, 1939, to March 18, 1939

I last saw him alive on March 18, 1939; death is said to have occurred on the date stated above, at 7.30 p. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	March 15
Other Contributory Causes of Importance:	
Arteriosclerosis	1935

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. O. Thomas M. D.

(Address) Middletown, Md

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home.** For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Dete of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

02841

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County: Frederick

(b) City or town: State Sanatorium, Md

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium, Md.

(d) Length of stay in hospital or inst. (yrs., mos., or days): 11 mos. 11 days

(e) Length of stay in this community (yrs., mos., or days): 11 mos. 11 days

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State: Md (b) County:

(c) City or town: Baltimore, Md.

(If outside city or town limits, write RURAL and give town)

(d) Street No.: 432 Millington Lane

(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME**: Edward Michael Shue

3 (b) If veteran, name war:

3 (c) Social Security No.:

4. Sex: M

5. Color or race: White

6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mrs. Rose Shue

Wife

6. (c) If alive, give age: 35 years

7. Birth date of deceased (mo., day, yr.): Aug. 11, 1900

8. AGE: Years: 38 Months: 7 Days: 4 If less than one day: _____hr. _____min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Stone mason

11. Industry or business:

FATHER

12. Name: Edward Shue

13. Birthplace: Maryland

MOTHER

14. Maiden Name: Mary McGaye

15. Birthplace: Maryland

16 (a) Informant: Edward Michael Shue

(b) Address: 432 Millington Lane, Balto

17 (a) Baltimore (Burial, cremation, or removal) (b) Date thereof: Unknown (month) (day) (year)

(c) Cemetery or crematory: Unknown

Location:

18 (a) Funeral director: M. L. Creager

(b) Address: Thurmont, Md

19 (a) 3/16/39 (Date rec'd by registrar) (b) _____ Registrar

MEDICAL CERTIFICATION

20. Dste of desth: March 15th 19 39, at 4:00 PM

21. I certify that death occurred on the date above stated; that I attended deceased from Apr. 4 19 38, to Mar. 15 19 39, and that I last saw him alive on March 15 19 39.

	Duration
Immediate csuse of desth: Tubercular Meningitis	5 days
Due to: Tuberc le Bacillus	
Due to:	
Other conditions: Pulmonary Tuberculosis (Include pregnancy within 3 months of death)	3 yrs ?

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide:

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury:

23. Signature: Stewart D. Shaffer M.D. M. D. or other

Address: State Sanatorium Md Date signed: 3/16/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 137

CERTIFICATE OF DEATH (93-C)

02842

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Libertytown (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 74-9-23

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Libertytown (If outside city or town limits, write RURAL and give town)

(d) Street No. E. Main St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Thomas Albert Simpson

3 (b) If veteran, name war: no

3 (c) Social Security No.: no

4. Sex: M

5. Color or race: W

6 (a) Single, married, widowed, or divorced: married

6 (b) Name of ~~husband~~ or wife: Maggie Smith Simpson

6. (c) If alive, give age 73 years

7. Birth date of deceased (mo., day, yr.) May 22. 1864

8. AGE: Years 74 | Months 9 | Days 23 | If less than one day ____ hr. ____ min.

9. Birthplace Libertytown Md. (Town, county, and state)

10. Usual occupation Optometrist

11. Industry or business

FATHER

12. Name Thomas Warfield Simpson

13. Birthplace Md

MOTHER

14. Maiden Name Virginia Maynard

15. Birthplace Md

16 (a) Informant Maggie Smith Simpson

(b) Address Libertytown Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 18 1939 (month) (day) (year)

(c) Cemetery or crematory Fairmount

Location Libertytown Md

18 (a) Funeral director Powell & Albaugh

(b) Address Libertytown Md.

19 (a) Mar 17 1939 (Date rec'd by registrar) (b) W. D. Cerfman Registrar

MEDICAL CERTIFICATION

20. Date of death Mar. 15 1939, at 8:10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb. 23 1939, to Mar 15 1939, and that I last saw him alive on Mar 15 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	3 weeks
Due to Thrombus Posterior Tibial	2 weeks
Due to resulting in gangrene of leg & foot	
Other conditions Myocarditis	4 yrs ~~2 weeks~~

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Otis B. Stone M. D. or other

Address Libertytown Date signed Mar 16th

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 140

02843

CERTIFICATE OF DEATH

(182)

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town LeGore (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 40 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town LeGore (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) FULL NAME James Albert Smith

3 (b) If veteran, name war

3 (c) Social Security No. 213-10-2087

4. Sex M

5. Color or race W.

6 (a) Single, married, widowed, or divorced. Widower

6 (b) Name of husband or wife Fannie A. M. Ecker

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Apr. 5. 1876

8. AGE: Years 62 Months 10 Days 28 If less than one day ____ hr. ____ min.

9. Birthplace Fredk. Co. Md. (Town, county, and state)

10. Usual occupation Day Laborer at

11. Industry or business Lime Plant

FATHER

12. Name Jacob Smith

13. Birthplace Md.

MOTHER

14. Maiden Name Jestina Whitmore

15. Birthplace Md.

16 (a) Informant Chas. M. Smith

(b) Address LeGore Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 6 1939 (month) (day) (year)

(c) Cemetery or crematory Cemetery

Location Rocky Hill

18 (a) Funeral director Powell & Albaugh

(b) Address Woodsboro Md.

19 (a) Mar 5. 39. (Date rec'd by registrar) (b) L. C. Powell Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 3 1939, at 12 noon

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 3 1939, to ____ 19__, and that I last saw him alive on Mar 1 1939.

Immediate cause of death Suffocation

Due to Accident to Buried under stone

Due to fire

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Mar 3, 1939

(c) Where did injury occur? Woodsboro Fdk. Md (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Industrial place While at work? yes (Specify type of place)

(e) Means of injury Buried under fire of crushed stone

23. Signature C. E. Easterday M.D. M. D. or other

Address Wolkersville, Md Date signed Mar 4, 39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 3 1939

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

93-C

02844

Within Corporation Limits

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
22 E. Fifth
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 44

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Maryland (b) County Frederick
(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 22 E. Fifth
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Roscoe Thomas Smith

3 (b) If veteran, name war: World War

3 (c) Social Security No. None

4. Sex: male

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. married

6 (b) Name of ~~husband or~~ wife Hazel Kolb

6. (c) If alive, give age 30 years

7. Birth date of deceased (mo., day, yr.) Feb. 12, 1895

8. AGE: Years 44 | Months 0 | Days 12 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Fred. Co. Md.
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name William H. Smith,
13. Birthplace Fred. Co., Md.

MOTHER
14. Maiden Name Margaret White
15. Birthplace Fred. Co., Md.

16 (a) Informant Mrs. Roscoe T. Smith,
(b) Address Frederick, Maryland.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/6/39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick, Maryland.

18 (a) Funeral director M. R. Etchison & Son,
(b) Address Frederick, Maryland.

19 (a) 6 March 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 4th., 1939, at 4 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 10 1939, to March 4 1939, and that I last saw him alive on ____ 19____.

	Duration
Immediate cause of death Chronic Nephritis	
Due to Bronchial Asthma	6 yrs
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Home (Specify type of place) While at work?
(e) Means of injury

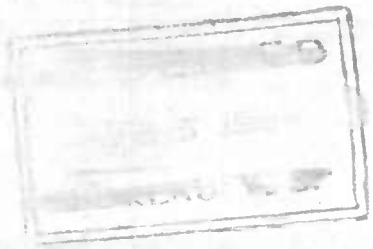
23. Signature W. F. Fleagle M. D. or other

Address Frederick, Md. Date signed 3/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



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MAR 27 1939
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

(131)

02845

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

1. PLACE OF DEATH:
(a) County Frederick
(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Frederick City Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Howard.
(c) ~~City or~~ town Rural Long Corner (If outside city or town limits, write RURAL and give town)
(d) Street No. Long-Corner, Howard Co Md (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mr. John Spaulding

3 (b) If veteran, ~~name war~~ None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of ~~husband~~ or wife Mary M. Spaulding

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 23, 1858

8. AGE: Years 80 | Months 2 | Days 16 | If less than one day ____ hr. ____ min.

9. Birthplace Washington D.C. (Town, county, and state)

10. Usual occupation Retired Farmer.

11. Industry or business

FATHER
12. Name James Spaulding.
13. Birthplace Ireland

MOTHER
14. Maiden Name Mary M. Unknown
15. Birthplace England.

16 (a) Informant Mrs. Lillie Mullinix
(b) Address 1020 N. Market St. Fred. Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 12, 1939 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Howard Chapel
Location Long Corner, Howard Co.

18 (a) Funeral director C. M. Waltz
(b) Address Winfield, Md.

19 (a) 9-Mch-39 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 9 1939, at 7 10 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1939, to March 9 1939 and that I last saw him alive on March 9 1939.

Immediate cause of death	Duration
Myocardial Insufficiency	1 hr.
Due to Arteriosclerosis	
Due to Chronic Nephritis	
Other conditions Pneumonia	1 wk

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: —
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature A. Austin Spears M. D. or other
Address Frederick, Md. Date signed 3/9/39

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02846

CERTIFICATE OF DEATH (161-d)

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or town~~ Montevue (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or town~~ Frederick - Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. Route II
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Marjorie Ann Specht

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex: female

5. Color or race: white

6 (a) Single, ~~married, widowed,~~ or ~~divorced~~ Infant.

6 (b) Name of husband or wife

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) March 20. 1939

8. AGE: Years | Months | Days 3 | If less than one day _____ hr. _____ min.

9. Birthplace Emergency Hospital, Fred. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name Walter Specht
13. Birthplace Frederick Co. Md.

MOTHER
14. Maiden Name Margaret Stine
15. Birthplace Mt. Airy Md.

16 (a) Informant Evangeline Rice R. N.
(b) Address Emergency Hospital Fred. Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3-23-39 (month) (day) (year)
(c) Cemetery or ~~crematory~~ Mt. Olivet
Location Frederick - Md.

18 (a) Funeral director C. E. Cline & Son
(b) Address Frederick - Md.

19 (a) 23-Mch-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 23 1939, at 1 15 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 20 1939, to March 23 1939, and that I last saw ~~him~~ her alive on March 23 1939

Immediate cause of death: Purpura Haemorrhagica

Due to Uy near Horn

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 3 days

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. O. Thomas
M. D. or other

Address Frederick, Md Date signed 3/23/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02847

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Fred. Co.

(b) ~~City or town~~ Fred. Rural

(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) —

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City or~~ town Jamsville (Rural)

(If outside city or town limits, write RURAL and give town)

(d) Street No.

(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Baby Boy Spencer

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Col.	Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) March 21, 1939

8. AGE: Years	Months	Days	If less than one day
0	0	0	0 hr. 0 min.

9. Birthplace Fred. Fred. Co. Md.

(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER 12. Name William Spencer

FATHER 13. Birthplace Jamsville Md.

MOTHER 14. Maiden Name Bessie Proctor

MOTHER 15. Birthplace Near Buckeystown

16 (a) Informant Mary Hardesty

(b) Address Emergency Hospital

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 22 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Ebenezer

Location Centerville Md

18 (a) Funeral director M. R. Eichinson Long

(b) Address Frederick, Maryland

19 (a) 22-Mch-1939 (Date rec'd by registrar) (b) Ira J. McSherry Registrar

MEDICAL CERTIFICATION

20. Date of death March 21 (?) 1939, at 8 45 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Stillborn 19__, to 19__, and that I last saw him alive on 19__.

Immediate cause of death	Duration
Premature Separation of placenta	1 wk (?)
Due to Fall (?)	(?)
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. **Signature** Charles H. Conley Jr. M.D. M. D. or other

Address Buckeystown, Md Date signed 3/21/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02848

CERTIFICATE OF DEATH (93-C)

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick - Rural (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Fredk. Co Emergency Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) ½ day

(e) Length of stay in this community (yrs., mos., or days) 91 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 322 Klineharts Alley (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Anna Mary Sprow

3 (b) If veteran, name war none

3 (c) Social Security No. none

4. Sex Female

5. Color or race Colored

6 (a) ~~Single, married~~, widowed, or ~~divorced~~. Widowed

6 (b) Name of husband ~~or wife~~ Charles Sprow

6. (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Dec, 29, 1847

8. AGE: Years 91 | Months 2 | Days 11 | If less than one day _____ hr. _____ min.

9. Birthplace Harmony Grove Fredk Co, Md. (Town, county, and state)

10. Usual occupation Housework

11. Industry or business HOME

FATHER
12. Name Moses Brown
13. Birthplace Fredk, Co. md

MOTHER
14. Maiden Name Rachael Unknown
15. Birthplace FREd Co. md.

16 (a) Informant Miss Ruth Martz

(b) Address Frederick, md.

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof March 13, '39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Fairview Cemetery

Location Mt. Frederick, Maryland

18 (a) Funeral director M.R. Etchison & Son

(b) Address Frederick, Md.

19 (a) 13-March 1939 (Date rec'd by registrar) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 10 1939, at 9:30 P.M.

21. I certify that death occurred on the date above stated; that I attended deceased from March 10 1939, to March 10 1939, and that I last saw ~~him~~ her alive on March 10 1939.

Immediate cause of death: Chronic myocarditis — Duration: ?

Due to _____

Due to _____

Other conditions _____ (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? _____ (Specify type of piece) While at work? _____

(e) Means of injury _____

23. Signature J B O Thomas M. D. or other

Address Frederick, Md Date signed March 12-39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02849

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 120 East Patrick Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 9 mos.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 120 East Patrick Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Courtney Anderson Staton

3 (b) If veteran, name war: None

3 (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: Married

6 (b) Name of husband ~~or wife~~: Henry W. Staton

6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) June 23, 1882

8. AGE: Years 56 | Months 8 | Days 14 | If less than one day ____ hr. ____ min.

9. Birthplace Alderson, West Virginia (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER

12. Name James Anderson

13. Birthplace Greenbrier Co., W. Va.

MOTHER

14. Maiden Name Virginia Jarrett

15. Birthplace Greenbrier Co., W. Va.

16 (a) Informant Henry W. Staton

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/11/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Rose Hill Cemetery

Location Hagerstown, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) 10-Mch, 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Mch 9 1939, at 6:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Oct 30 1938, to Mch 9 1939, and that I last saw ~~him~~ her alive on Mch 9 1939.

Immediate cause of death: Cerebral Hemorrhage

Due to

Due to Hypertension

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy No

Duration: one week

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. J. Fleisher M. D. or other

Address Frederick Md. Date signed 3/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

Dr. Shands

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 137

02850

CERTIFICATE OF DEATH

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Rural Mt Pleasant
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 8 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Rural
(If outside city or town limits, write RURAL and give town)
(d) Street No.
(If rural give location)
(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Susan Catherine Stephens

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female | 5. Color or race White | 6 (a) Single, married, widowed, or divorced. Widow

6 (b) Name of husband or wife Charles Stephens

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 1st 1849

8. AGE: Years 89 | Months 3 | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick County Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Henry Baumgardner
13. Birthplace Frederick Co Md.

MOTHER
14. Maiden Name Barbara Burrier
15. Birthplace Frederick Co Md

16 (a) Informant Mary Baumgardner
(b) Address Frederick Route #1

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 21st 1939 (month) (day) (year)
(c) Cemetery or crematory Fairmount
Location Libertytown Md

18 (a) Funeral director Powell F Allnutt
(b) Address Libertytown Md

19 (a) Mar 20 1939 (Date rec'd by registrar) (b) [illegible] Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 19th 1939, at 3.30 A.M.

21. I certify that death occurred on the date above stated; that I attended deceased from June 2 1930, to Mar 18 1939, and that I last saw ~~him~~ her alive on Mar — 1939.

Immediate cause of death	Duration
Enlargement of Heart	4 yrs.
Due to	
Due to	
Other conditions Old age	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Ira N. Beall, M.D. M. D. or other
Address Libertytown Md Date signed 3/20/39.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 4 1930
BUREAU V. S.

02851

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Frederick Outside Registration Dist. No. 131

~~Village or City~~ Montevue Md. No. County Home St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Rebecca Stine If U. S. Veteran, specify WAR None

(a) Residence: No. Braddock Md. St., Ward.

Fred. Co. (Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Only Record = 1855

7. AGE: Years 83 | Months 2 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Domestic

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) 1884

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Braddock Md.

FATHER

13. NAME Elias Stine

14. BIRTHPLACE (city or town) (State or country) Md

MOTHER

15. MAIDEN NAME Elizabeth Hessong

16. BIRTHPLACE (city or town) (State or country) Md

17. INFORMANT (Address) Miss Adele Lerger Montevue Frederick Md

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Mt. Olivet Cem. Frederick Md. Date 3/18, 1939

19. UNDERTAKER (Address) C. E. Cline & Son Frederick Md.

20. FILED 17 March, 1939 Ira J. McCurdy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1939, to March 16, 1939

I last saw her alive on March 16, 1939; death is said to have occurred on the date stated above, at 9 30 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	1935

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) B. O. Thomas M. D.

(Address) Frederick Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02852

CERTIFICATE OF DEATH (134)

1. PLACE OF DEATH:

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 4 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) ~~City~~ or town Legore Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? ——— years

3 (a) **FULL NAME** Pierce A. Strine

3 (b) If veteran, name war None

3 (c) Social Security No. None

4. Sex Male

5. Color or race White

6 (a) ~~Single~~, married, ~~widowed, or divorced~~. Married

6 (b) Name of ~~husband or~~ wife Effie M. Smith

6. (c) If alive, give age 57 years

7. Birth date of deceased (mo., day, yr.) Dec-1-1862

8. **AGE:** Years 76 | Months 3 | Days 25 | If less than one day ____ hr. ____ min.

9. Birthplace Fredk. Co. Md. (Town, county, and state)

10. Usual occupation Mason

11. Industry or business Stone Mason

FATHER
12. Name Benjamine Strine
13. Birthplace Md.

MOTHER
14. Maiden Name Margaret Winebrenner
15. Birthplace Md.

16 (a) Informant Mrs. P. A. Strine

(b) Address LeGore Md.

17 (a) Burial ~~Cemetery~~ (Burial, ~~cremation, or removal~~) (b) Date thereof Mar. 27 1939 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Mt. Hope

Location Woodsboro Md.

18 (a) Funeral director Powell & Albaugh

(b) Address Woodsboro Md.

19 (a) 25-Mar-39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Mar. 25 1939, at 9:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept 1 1938, to Mar 25 1939, and that I last saw him alive on Mar 24 1939.

Immediate cause of death Peritonitis

Perforation of Urinary Bladder

Due to Bladder stone

Due to Prostatitis

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration ?

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature G. E. Easterday M. D. or other

Address Wolkersville Date signed Mar 25, 39

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 14

02853

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Thurmont
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days) —

(e) Length of stay in this community (yrs., mos., or days) 82-5-22

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Thurmont
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) **FULL NAME** Josiah Alonza Stull

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	White	Married

6 (b) Name of husband or wife (Pearl) Savannah Stull

6. (c) If alive, give age 79 years

7. Birth date of deceased (mo., day, yr.) Sept 12th 1856

8. AGE: Years	Months	Days	If less than one day
82	5	22	____hr. ____min.

9. Birthplace Thurmont - Frederick - Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business —

FATHER

12. Name William Stull

13. Birthplace Md

MOTHER

14. Maiden Name Sarah E. Arthurs

15. Birthplace Md

16 (a) Informant Rheason A. Stull

(b) Address Thurmont Md

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof March 7 1939 (month) (day) (year)

(c) Cemetery or crematory United Brethren

Location Thurmont Md

18 (a) Funeral director Hillside & Creager

(b) Address Thurmont

19 (a) March 6, 1939 (Date rec'd by registrar) (b) Anna M. Jones Registrar

MEDICAL CERTIFICATION

20. Date of death March 4 1939, at 2 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Feb 22 1939, to March 4 1939, and that I last saw him alive on March 4 1939.

Immediate cause of death	Duration
Coronary Thrombosis	2 days
Due to Arteriosclerosis	20 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations None

Of autopsy None

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide No

(b) Date of occurrence —

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature James A. Gray MD
M. D. or other

Address Thurmont Md. Date signed Mar. 6 '39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 3 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

02854

1. PLACE OF DEATH:

(a) County Frederick

(b) ~~City or~~ town Centerville, Nr. Jefferson
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Rural

(d) Length of stay in hospital or inst. (yrs., mos., or days) ____

(e) Length of stay in this community (yrs., mos., or days) 60yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or town Centerville, Nr. Jefferson
(If outside city or town limits, write RURAL and give town)

(d) Street No. Rural
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Fannie Lillie Sulcer

3 (b) If veteran, name war: None

3 (c) Social Security No. None

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: Widow

6 (b) Name of husband or ~~wife~~: John H. Sulcer

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 17, 1855

8. AGE: Years 83 | Months 10 | Days 13 | (If less than one day) ____ hr. ____ min.

9. Birthplace Nr. Jefferson, Fred'k Co. Md.
(Town, county, and state)

10. Usual occupation House-work

11. Industry or business At Home

FATHER

12. Name Davie Hale

13. Birthplace Nr. Jefferson, Fred'k, Co. Md.

MOTHER

14. Maiden Name Elizabeth Miller

15. Birthplace Nr. Jefferson, Fred'k Co. Md.

16 (a) Informant Miss Verda V. Sulcer

(b) Address Jefferson, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/2/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ M. E. Cemetery

Location Jefferson, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 1-April-1939 (Date rec'd by registrar) (b) Chas. J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 30, 1939 at 8:40P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 27 1939, to Mar 30 1939, and that I last saw him alive on Mar 30 1939.

	Duration
Immediate cause of death: Cerebral hemorrhage	3/27/39
Due to: Cerebral arteriosclerosis	
Due to: Senility & Myocarditis	
Other conditions: Senility	
(Include pregnancy within 3 months of death)	

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide —

(b) Date of occurrence —

(c) Where did injury occur? ____ (City or town) ____ (County) ____ (State)

(d) Did injury occur about home, on farm, industrial place, in public place? — (Specify type of place) While at work? ____

(e) Means of injury —

23. Signature A. Lockard Bruce
M. D. or other

Address Jefferson, Md. Date signed 3/31/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

02855

Outside

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Monterrick Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution Emergency Hospital
(d) Length of stay in hospital or inst. (yrs., mos., or days) 3mo-16days
(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Frederick
(c) City or town Brunswick
(If outside city or town limits, write RURAL and give town)
(d) Street No. 1332 Potomac St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Mollie Thomas

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex: Female
5. Color or race: White
6 (a) Single, ~~married, widowed, or divorced~~: Single
6 (b) Name of husband or wife
6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 6, 1867

8. AGE: Years 71-~~7~~ Months 7 Days 29 If less than one day ____hr. ____min.

9. Birthplace Missouri
(Town, county, and state)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Mage Thomas
13. Birthplace Md

MOTHER
14. Maiden Name Annie Eyglesbee
15. Birthplace Md

16 (a) Informant Miss Adelsberger
(b) Address Emergency Hospt. Frd'k Co Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7, 1939 (month) (day) (year)
(c) Cemetery or crematory Mount Olivet
Location Frederick Md

18 (a) Funeral director C. A. Yeats & Bro.
(b) Address Brunswick Md

19 (a) 5-Mar 39 (Date rec'd by registrar) (b) [signature] Registrar

MEDICAL CERTIFICATION

20. Date of death March 5 1939 at 8 30 A.M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov. 17 1938 to March 5 1939 and that I last saw him alive on March 5 1939.

Immediate cause of death	Duration
Chronic Myocarditis	3 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature B O Thomas M. D. or other
Address Frederick Md Date signed March 5-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
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MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02856

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 2 da

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City or~~ town Rocky Ridge - Rural (If outside city or town limits, write RURAL and give town)

(d) Street No. Frederick Co. Md (If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME Donald C. Tropell

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex Male

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife —

6. (c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Mch. 7-1939

8. AGE: Years | Months 1 | Days 22 | If less than one day ____ hr. ____ min.

9. Birthplace Rocky Ridge Md (Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Chas Tropell
13. Birthplace Rocky Ridge Md

MOTHER
14. Maiden Name Helen Sharrer
15. Birthplace Rocky Ridge Md

16 (a) Informant Chas Tropell
(b) Address Rocky Ridge Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mch 30 39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Tabor

Location Rock Ridge Fred. Co. Md

18 (a) Funeral director M L Creager Son

(b) Address Thurmont Md

19 (a) 29 - Mch 39 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Mch 29 1939, at 12:10 AM

21. I certify that death occurred on the date above stated; that I attended deceased from March 28 1939, to March 29 1939, and that I last saw him alive on Mch 28 1939.

Immediate cause of death Pneumonia, bronchial, in type. Duration 2 one week. [illegible]

Duration ?

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature R. W. Bean M. D. or other

Address Frederick Date signed 3-29-39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

02857

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick WITHIN CORPORATE LIMITS
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:
Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) one

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) ~~City or town~~ Frederick, R.D. Yellow Springs
(If outside city or town limits, write RURAL and give town)

(d) Street No. Rural Frederick R. D. 3
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Janet Lorraine Twentey

3 (b) If veteran, name war: none

3 (c) Social Security No.: none

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
female	white	single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Jan. 18, 1939

8. AGE: Years	Months	Days	If less than one day
0	2	12	____ hr. ____ min.

9. Birthplace Yellow Springs, Fred. Co. Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name George Ross Twentey
13. Birthplace Yellow Springs, Md.

MOTHER
14. Maiden Name Eva Jane Morgan
15. Birthplace Braddock Heights, Md.

16 (a) Informant G. Ross Twentey,
(b) Address Frederick, Md. R.D. # 3

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 4/1/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Brook Hill
Location Yellow Springs, Md.

18 (a) Funeral director M.R.Etchison & Son

(b) Address Frederick, Maryland

19 (a) 30 Mar 39 (Date rec'd by registrar) (b) Ira J. McSurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 30th., 1939 at 3.35A M

21. I certify that death occurred on the date above stated; that I attended deceased from March 16 1939 to March 30 1939, and that I last saw ~~him~~ her alive on March 30 1939.

Immediate cause of death	Durstion
Endocarditis	2 mos.
Due to	
Due to	
Other conditions Bronchopneumonia	7 days

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN

Underline the cause to which death should be charged ststistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature H. Lawrence Fahrney M.D.
M. D. or other

Address Frederick, Md. Date signed 3/30/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 141

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

(205-J)

02858

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Brunswick
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: B Street and Maple Ave.
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 3yr

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Frederick
(c) City or town Brunswick
(If outside city or town limits, write RURAL and give town)
(d) Street No. West Potomac St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Edgar H. Virts

3 (b) If veteran, name war: None
3 (c) Social Security No.:

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Blanch Coffman
6. (c) If alive, give age 43 years

7. Birth date of deceased (mo., day, yr.) Aug 7, 1892

8. AGE: Years 46 | Months 6 | Days 6 | If less than one day ____ hr. ____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business ____

FATHER
12. Name George Virts
13. Birthplace Virginia

MOTHER
14. Maiden Name Lovie Roller
15. Birthplace Virginia

16 (a) Informant George L. Virts
(b) Address Brunswick Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof March 16, 1939 (month) (day) (year)
(c) Cemetery or crematory Mt Olivet
Location Virginia Lovettsville

18 (a) Funeral director C. A. Zute & Bro.
(b) Address Brunswick, Md.

19 (a) Mar 16-39 (Date rec'd by registrar) (b) Mrs H. S. Hodgson Registrar

MEDICAL CERTIFICATION

20. Date of death March 13 1939, at 3 P M

21. I certify that death occurred on the date above stated, that I attended deceased from March 13 1939, to March 13 1939, and that I last saw him alive on ____ 19____.

Immediate cause of death Fractured Skull, Chest, Crushed & Lacerated Wounds
Due to (b) Lee Lovettsville
Due to (c) Struck by Roller turning over & Crushing patient
Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident
(b) Date of occurrence March 13 1939
(c) Where did injury occur? Brunswick (City or town) Frederick (County) Md. (State)
(d) Did injury occur about home, on farm, industrial place, in public place? Public place (Specify type of place) While at work? Yes
(e) Means of injury Struck by roller turning over

23. Signature William Shumaker M. D. or other
Address Brunswick Date signed

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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APR 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH (53-A)

02859

1. PLACE OF DEATH:

(a) County Frederick

(b) City or town Frederick (Rural)
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 25 yrs

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) ~~City or town~~ Frederick Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. R.F.D. III.
(If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) **FULL NAME** Annie B. Warrenfeltz

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: Female

5. Color or race: White

6 (a) ~~Single, married~~, widowed, or ~~divorced~~: widowed

6 (b) Name of husband ~~or wife~~ Marion M. Warrenfeltz

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Feb. 6 - 1865

8. **AGE:** Years 74 | Months 1 | Days 17 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Md
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own home

FATHER
12. Name Lewis H. Wachter
13. Birthplace Frederick Md

MOTHER
14. Maiden Name Amanda Paisley
15. Birthplace Frederick Md

16 (a) Informant Mrs Worthington Elem
(b) Address Frederick Md R F D

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof Mch 26-1939 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Cemetery
Location Wilca

18 (a) Funeral director M L Creager & Son
(b) Address Thurmont Md

19 (a) 23 - Mch 1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death Mch 23 1939, at 9:45 A M

21. I certify that death occurred on the date above stated; that I attended deceased from Jan 1938, to March 23 1939, and that I last saw him alive on March 23 1939

Immediate cause of death: Carcinoma of Rt. Kidney

Due to Probably metastasis

Due to Folds Carcinoma of Breast

Other conditions

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration: 3 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Frank H. Hedges M. D. or other

Address Frederick Md Date signed March 23d 1939

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 138

82-a

CERTIFICATE OF DEATH

02860

1. PLACE OF DEATH:

(a) County Rural Bartholow Frederick

(b) City or town Rural Bartholows
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Frederick

(c) City or town Rural Bartholows
(If outside city or town limits, write RURAL and give town)

(d) Street No.
(If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Sandy Mays

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex	5. Color or race	6 (a) Single, married, widowed, or divorced.
Male	Colored	Married

6 (b) Name of husband or wife Maudie B. Mays

(3rd wife) 6. (c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) not known

8. AGE: Years	Months	Days	If less than one day
about 99			hr. min.

9. Birthplace Frederick County Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name Unknown

13. Birthplace "

MOTHER 14. Maiden Name Unknown

15. Birthplace "

16 (a) Informant Carl Mays Grandson

(b) Address New Market Md

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar 12-1939 (month) (day) (year)

(c) Cemetery or ~~cemetery~~ New Market (Col)

Location New Market Md

18 (a) Funeral director W. E. Falconer

(b) Address New Market Md

19 (a) Mar 11-1939 (Date rec'd by registrar) (b) Lucian K. Falconer Registrar

MEDICAL CERTIFICATION

20. Date of death March 10 1939, at 12:30 P. M

21. I certify that death occurred on the date above stated; that I attended deceased from March 6 1939, to March 10 1939

and that I last saw him alive on March 10 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	4 days
Due to Arterio sclerosis	10 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Ernest P. Koop, M.D.
M. D. or other

Address New Market, Md. Date signed March 11/39

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(75)

Reg. Dist. No. 141

WITHIN CORPORATE LIMITS OF

CERTIFICATE OF DEATH

02861

1. PLACE OF DEATH:
(a) County Frederick
(b) City or town Brunswick (If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: Petersville Rd WITHIN CORPORATE LIMITS OF
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 52

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md (b) County Fred
(c) City or town Brunswick (If outside city or town limits, write RURAL and give town)
(d) Street No. Petersville Road (If rural give location)
(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME Joseph S. White

3 (b) If veteran, name war: World War

3 (c) Social Security No.: don't know

4. Race: Col.

5. Color or race: Col.

6 (a) Single, married, widowed, or divorced: Widowed

6 (b) Name of husband or wife: Anna Streams

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): about 1886

8. AGE: Years: about 52 | Months | Days | If less than one day: ____ hr. ____ min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Sam White
13. Birthplace: Virginia

MOTHER
14. Maiden Name: Laura Mellots
15. Birthplace: Maryland

16 (a) Informant: Robert White
(b) Address: Brunswick Md.

17 (a) Petersville Burial (Burial, cremation, or removal) (b) Date thereof: Mar 17 39 (month) (day) (year)
(c) Cemetery or crematory: Petersville Md
Location: Petersville Md.

18 (a) Funeral director: C. N. Zentz & Son
(b) Address: Brunswick Md

19 (a) Mar 16 39 (Date rec'd by registrar) (b) C. N. Zentz Registrar

MEDICAL CERTIFICATION

20. Date of death March 14 1939, at 8:30 A M

21. I certify that death occurred on the date above stated; that I attended deceased from 3/13 1939 to 3/14 1939 and that I last saw him alive on 3/13 1939.

	Duration
Immediate cause of death: Pneumonia (Acute)	
Due to: Thrombosis	about
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide:
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury:

23. Signature: [signature] M. D., or other
Address: Brunswick Md Date signed 3/16/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 4 1939
BUREAU V. S.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STANDARD CERTIFICATE OF STILLBIRTH

State of _____

State File No. _____
Registrar's No. 44 02862

1. PLACE OF STILLBIRTH:
(a) County Frederick
(b) City or town near Creagerstown (Rural)
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: ✓
(If not in hospital or institution give street number or location)
(d) Mother's stay before delivery in hospital or institution —
(Specify whether years, months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Md
(b) County Frederick
(c) City or town Rural. Near Creagerstown
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give location)

3. Full name of child Whitmore
4. Date of birth Mar. 21 1939 (Month) (Day) (Year)
5. Sex: Male
6. Twin or triplet _____ If so—born 1st, 2d, or 3d _____
7. Number months of pregnancy 9
8. Is mother married? Yes.

FATHER OF CHILD
9. Full name Franklin Hamilton Whitmore
10. Color or race W 11. Age at time of this birth 19 yrs.
12. Birthplace Near Creagerstown Md. (City, town, or county) (State or foreign country)
13. Usual occupation farmer
14. Industry or business farm.

MOTHER OF CHILD
15. Full maiden name Mildred Leanor Myers.
16. Color or race W 17. Age at time of this birth 19 yrs.
18. Birthplace Monrovia Md. (City, town, or county) (State or foreign country)
19. Usual occupation House keeper
20. Industry or business own home

21. Children born to this mother: 1
(a) How many children of this mother are now living? 0
(b) How many children were born alive but are now dead? 0
(c) How many other children were born dead? 0

22. Mother's usual mailing address Thurmont
R. 1. Md.

23. Did child die before labor? Yes During labor? _____
24. Pregnancy, complications of none
25. Labor: (a) Complications of none
(b) Induced? no
26 (a) Was there an operation for delivery? no (Yes or no)
(b) State all operations, if any _____
(c) Did child die before operation? — or during operation? _____

27. Cause of stillbirth (state only morbid conditions causing fetal death. Do not use such terms as prematurity, asphyxia, etc.):
(a) Fetal causes _____
(b) Maternal causes partial separation of placenta from fall.

28. I hereby certify that I attended the birth of this child who was born dead at the hour of 4:20 p.m. on the date above stated.
Signature Morris A. Baily M.D. (Specify if M. D., midwife or other)
Address Thurmont Md.

29 (a) Informant Franklin Hamilton Whitmore
(b) Address Thurmont, Md. R.D.
30 (a) Burial, cremation, or removal Burial (b) Date 3/22/1939 (Month day year)
(c) Place of burial or cremation Creagerstown cem.
31 (a) Signature of funeral director Franklin H. Whitmore father
(b) Address Thurmont R.D.

32 (a) Statement of local registrar or coroner if physician was not present at stillbirth _____
(b) Signature _____ Title _____
33. Date filed with local registrar March 22 - 1939
34. Registrar's own signature Anna M. Jones

U. S. GOVERNMENT PRINTING OFFICE 116430

RECEIVED
APR 3 1939
BUREAU V. S.

Marie

Marie

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

(132)

Reg. Dist. No. 131

02863

CERTIFICATE OF DEATH

Within Corporation Limits

1. PLACE OF DEATH:

(a) County Frederick

(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 314 N. Market

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 67-11

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County Frederick

(c) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(d) Street No. 314 N. Market
(If rural give location)

(e) If foreign born, how long in U. S. A.? _____ years

3 (a) FULL NAME: George Heagy Wiener

3 (b) If veteran, name war: none

3 (c) Social Security No. none

4. Sex: male

5. Color or race: white

6 (a) ~~Single~~, married, ~~widowed, or divorced~~: married

6 (b) Name of ~~husband~~ or wife: Nan Young

6. (c) If alive, give age 64 years

7. Birth date of deceased (mo., day, yr.) March 17, 1871

8. AGE: Years 67 | Months 11 | Days 16 | If less than one day _____ hr. _____ min.

9. Birthplace Frederick, Fred. Co. Md.
(Town, county, and state)

10. Usual occupation Retired Merchant

11. Industry or business

FATHER

12. Name Andrew Wiener

13. Birthplace Fred. Co., Md.

MOTHER

14. Maiden Name Ann M. Cutshall

15. Birthplace Fred. Co. Md.

16 (a) Informant Mrs. Geo. H. Wiener.

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/6/39 (month) (day) (year)

(c) Cemetery or ~~crematory~~ Mt. Olivet

Location Frederick, Maryland

18 (a) Funeral director M. R. Etchison & Son

(b) Address Frederick, Maryland

19 (a) 4-Mch-39 (Date rec'd by registrar) (b) D. M. Lemmon Registrar

MEDICAL CERTIFICATION

20. Date of death March 3rd., 19 39 at 4.30P. M

21. I certify that death occurred on the date above stated; that I attended deceased from Feby 1936, to 3-Mch 1939, and that I last saw him alive on 23-Feb 1939

	Duration
Immediate cause of death, Myocardial - Insufficiency	3 yrs +
Due to	
Due to	
Other conditions Paroxysmal - Tachycardia (Include pregnancy within 3 months of death)	

Major findings:

Of operations

Of autopsy No

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature D. M. Lemmon M. D. or other

Address Frederick, Md. Date signed 4 Mch, 1939

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

CERTIFICATE OF DEATH

(119)

02864

1. PLACE OF DEATH:

(a) County Frederick WITHIN CORPORATE LIMITS

(b) City or ~~town~~ Frederick
(If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Frederick City Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days) 10 days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or town Thurmont Rural
(If outside city or town limits, write RURAL and give town)

(d) Street No. ✓
(If rural give location)

(e) If foreign born, how long in U. S. A.? — years

3 (a) FULL NAME Donald Lee Wilhide

3 (b) If veteran, name war —

3 (c) Social Security No. —

4. Sex male

5. Color or race white

6 (a) Single, ~~married, widowed~~, or ~~divorced.~~ Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 16th 1938

8. AGE: Years | Months 2 | Days 29 | If less than one day ___ hr. ___ min.

9. Birthplace Thurmont Fredk Co Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business —

FATHER
12. Name Calvin Wilhide
13. Birthplace Md

MOTHER
14. Maiden Name Marguerite Eyler
15. Birthplace Md

16 (a) Informant Calvin Wilhide
(b) Address Thurmont Md

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3 - 17 - 39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ U B Cemetery
Location Thurmont

18 (a) Funeral director Willhide & Creegan
(b) Address Thurmont Md.

19 (a) 16-Mch-1939 (Date rec'd by registrar) (b) Ira J. McGurdy Registrar

MEDICAL CERTIFICATION

20. Date of death March 15 1939, at 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from March 7 1939, to March 15 1939, and that I last saw him alive on March 15 1939.

Immediate cause of death	Duration
Entero. colitis	3 weeks
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature B D Thomas M. D. or ~~other~~

Address Frederick Md Date signed 3/16/39

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 5 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 139

CERTIFICATE OF DEATH

(23)

02865

1. PLACE OF DEATH:

(a) County Frederick,

(b) City or town State Sanatorium, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: State Sanatorium,

(d) Length of stay in hospital or inst. (yrs., mos., or days) 3Mos 26 Days

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Maryland (b) County St. Mary's

(c) City or town Hollywood. (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME: John McCall Wilkinson.

3 (b) If veteran, name war

3 (c) Social Security No. Unknown

4. Sex: Male

5. Color or race: White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 20 1909

8. AGE: Years 29 | Months 6 | Days 15 | If less than one day hr. min.

9. Birthplace Hollywood. St Mary's Co. Md. (Town, county, and state)

10. Usual occupation Lineman

11. Industry or business

FATHER

12. Name Joseph P Wilkinson

13. Birthplace Maryland.

MOTHER

14. Maiden Name Eleana J. Wells

15. Birthplace Maryland.

16 (a) Informant John McCall Wilkinson

(b) Address Hollywood. Md.

17 (a) Hollywood Md (Burial, cremation, or removal) (b) Date thereof Unknown (month) (day) (year) Mar 9 1939

(c) Cemetery or crematory St. John's Cem

Location Hollywood Md.

18 (a) Funeral director Robinson Funeral Home

(b) Address Leonardtown, Md.

19 (a) 3-7-39 (Date rec'd by registrar) (b) Registrar

MEDICAL CERTIFICATION

20. Date of death March 5 1939, at 9.00 P. M.

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 9 1938, to Mar 5 1939, and that I last saw him alive on Mar 5 1939.

Immediate cause of death	Duration
Pulmonary Tuberculosis	9 Mos.
Due to	
Tubercle Bacilli	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy no

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Stewart S. Shaffer M.D. M.D. or other

Address State Sanatorium Md Date signed 3/5/39

VS. A15

PLEASE WRITE PLAINLY, WITH NON-FADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
BUREAU V. S.

RECEIVED
MAR 16 1938
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 131

02866

CERTIFICATE OF DEATH (92a)

1. PLACE OF DEATH: WITHIN CORPORATE LIMITS

(a) County Frederick

(b) City ~~or town~~ Frederick (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: 420 West South Street

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days) 63 yrs.

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md. (b) County Frederick

(c) City or ~~town~~ Frederick (If outside city or town limits, write RURAL and give town)

(d) Street No. 420 West South Street (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years

3 (a) FULL NAME: Murray William Wills

3 (b) If veteran, name war: None

3 (c) Social Security No. 214-10-2051

4. Sex: Male

5. Color or race: White

6 (a) ~~Single, married,~~ widowed, or ~~divorced.~~ Widowed

6 (b) Name ~~of husband or~~ wife Jennie L. Wills

Deceased

6. (c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1875

8. AGE: Years 63 | Months 2 | Days 20 | If less than one day ____ hr. ____ min.

9. Birthplace Frederick, Frederick Co. Maryland (Town, county, and state)

10. Usual occupation Night Watchman

11. Industry or business Ox Fibre Brush Co.

FATHER

12. Name George Edward Wills

13. Birthplace Frederick, Maryland

MOTHER

14. Maiden Name Alice V. Dutrow

15. Birthplace Charlesville, Maryland

16 (a) Informant Mrs. Robert Burrall

(b) Address Frederick, Maryland

17 (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 3/12/39 (month) (day) (year)

(c) Cemetery ~~or crematory~~ Fred'k Memorial Cem.

Location Frederick, Maryland

18 (a) Funeral director C. E. Cline & Son

(b) Address Frederick, Maryland

19 (a) 10-Mch-1939 (Date rec'd by registrar) (b) Ira J. McCurdy Registrar

MEDICAL CERTIFICATION

20. Date of death 3-10-1939, at 6 15a M

21. I certify that death occurred on the date above stated; that I attended deceased from Nov 1938, to 3-10 1939, and that I last saw him alive on 3-9-1939.

Immediate cause of death Cardiac Valvular Lesion

Due to ?

Due to

Other conditions Bronchitis

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration: 6 months

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature Dr U G Bourne M. D. or other

Address Frederick Date signed 3/10/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 5 1939
BUREAU V. S.